

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James A Adams

Town

Baltimore

County

Baltimore

CERTIFICATE OF DEATH

MARYLAND

Died at	Month	Day	Years	Months	Days
Date of death 1903	Apr	30	Age 32	Nov 6	

Sex Male	Color or Race White	Birth-place Md
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Married, Single or Widowed	Occupation Barber
----------------------------	-------------------

Name of Wife or Husband

Father's Name

Jacob Adams

Father's Birthplace

Md

Mother's Maiden Name

Mary Weston

Mother's Birthplace

Md

Name of person giving information

Mary Weston 27

How related to deceased

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

28 months

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. L. Maffett
Health Officer
Baltimore Md

Accident or Suicide?

Dr B. Whitley
last attending Physician

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Gertrude Marie Albany

CERTIFICATE OF DEATH

Died at <u>Gorsuch Mills</u>		County <u>Baltimore</u>		MARYLAND		
Date of death <u>1903</u>	Month <u>April</u>	Day <u>12</u>	Years <u>16</u>	Months <u>3</u>	Days <u>67</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Age <u>16</u>		Birth-Place <u>Gorsuch Mill.</u>		
Married, Single or Widowed <u>Single</u>	Occupation <u>None</u>					
Name of Wife or Husband						
Father's Name <u>Franklin J. Albany</u>	Father's Birthplace <u>Balt. Co</u>					
Mother's Maiden Name <u>J. Victoria Slade</u>	Mother's Birthplace <u>Gorsuch Mills.</u>					
Name of person giving information <u>J. Victoria Albany</u>	How related to deceased <u>Mother</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aortic Stenosis 99

How long

Seven years

Immediate

Phtisis

How long

One year

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Frank M. Free M.D.
Stewartstown York Co Pa

Accident or Suicide?



Name
in
Full

Baird Franklin Armacost

CERTIFICATE OF DEATH

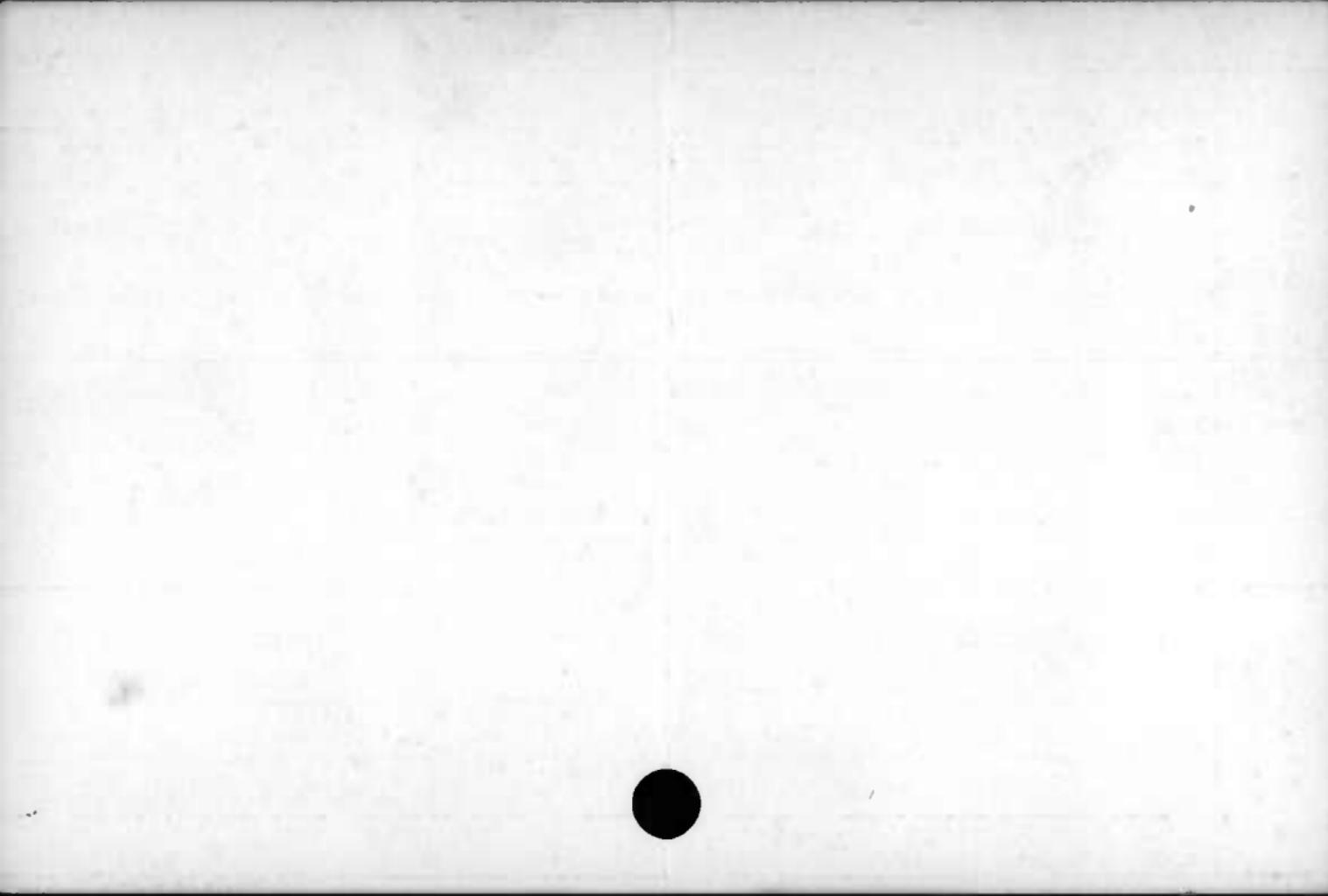
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 4	Day 5	Years ~	Months 4	Days 12
Sex male	Color or Race White	Occupation	Birth- place Parkton		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name Thomas M. Armacost			Father's Birthplace Md		
Mother's Maiden Name Elva B. Miller			Mother's Birthplace n		
Name of person giving Information Mrs. C. L. Armacost			How related to deceased father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Lagrippia	10	How long 5 weeks
Immediate Bronchitis Pneumonia		How long 3 weeks
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician R R Morris	Address Parkton Md
Accident or Suicide?		



Name
in
Full

Ethel Marie Aten

CERTIFICATE OF DEATH

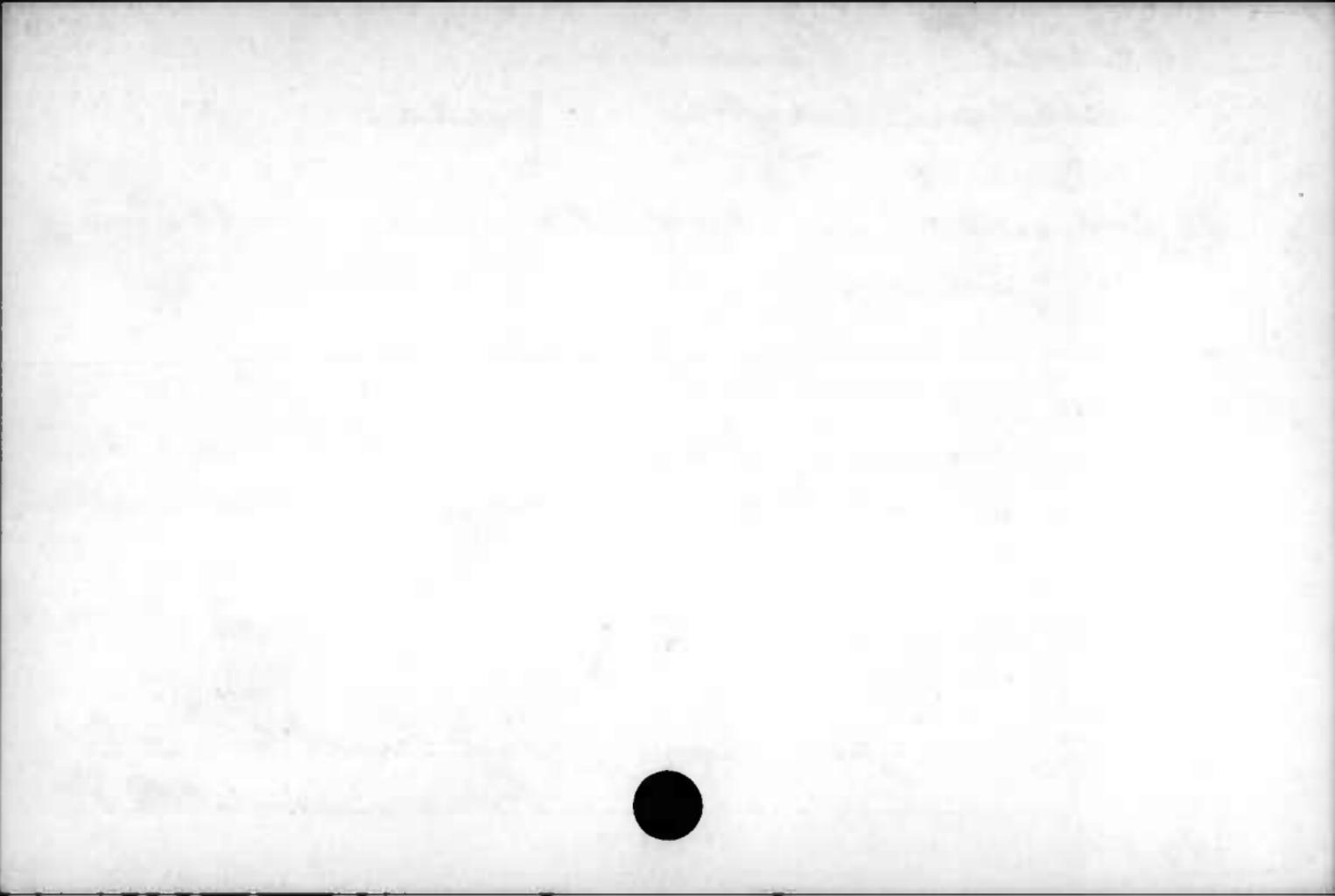
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death 1903	Month April	Day 20	Years 1 - Months 4 - Days 16
Sex Female	Color or Race white	Birth-place Maryland.	
Married, Single or Widowed Single	Occupation None		
Name of Wife or Husband			
Father's Name Charles H. Aten	Father's Birthplace Penna.		
Mother's Maiden Name Estella Ruth	Mother's Birthplace Penna.		
Name of person giving Information Chas. H. Aten	How related to deceased Father		

CAUSES OF DEATH

Primary Suppurative Otitis Media	Sequelae Scutellatum	How long 3 weeks
Immediate Toxemia?		How long about 3 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician M. J. McAvoy	
	Address 839 S. Caperton St.	
Accident or Suicide? —		



Name
in
Full

Alice Buster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Occupation			
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Jemimah D. Buster			Father's Birthplace	Baltimore
Mother's Maiden Name	Fannie Young			Mother's Birthplace	" "
Name of person giving information	Lora Brewster Young			How related to deceased	Brother-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia.

q3

How long

3 days

Immediate

2 tension

How long

Are the name, age, sex, color, date and place correctly given above?

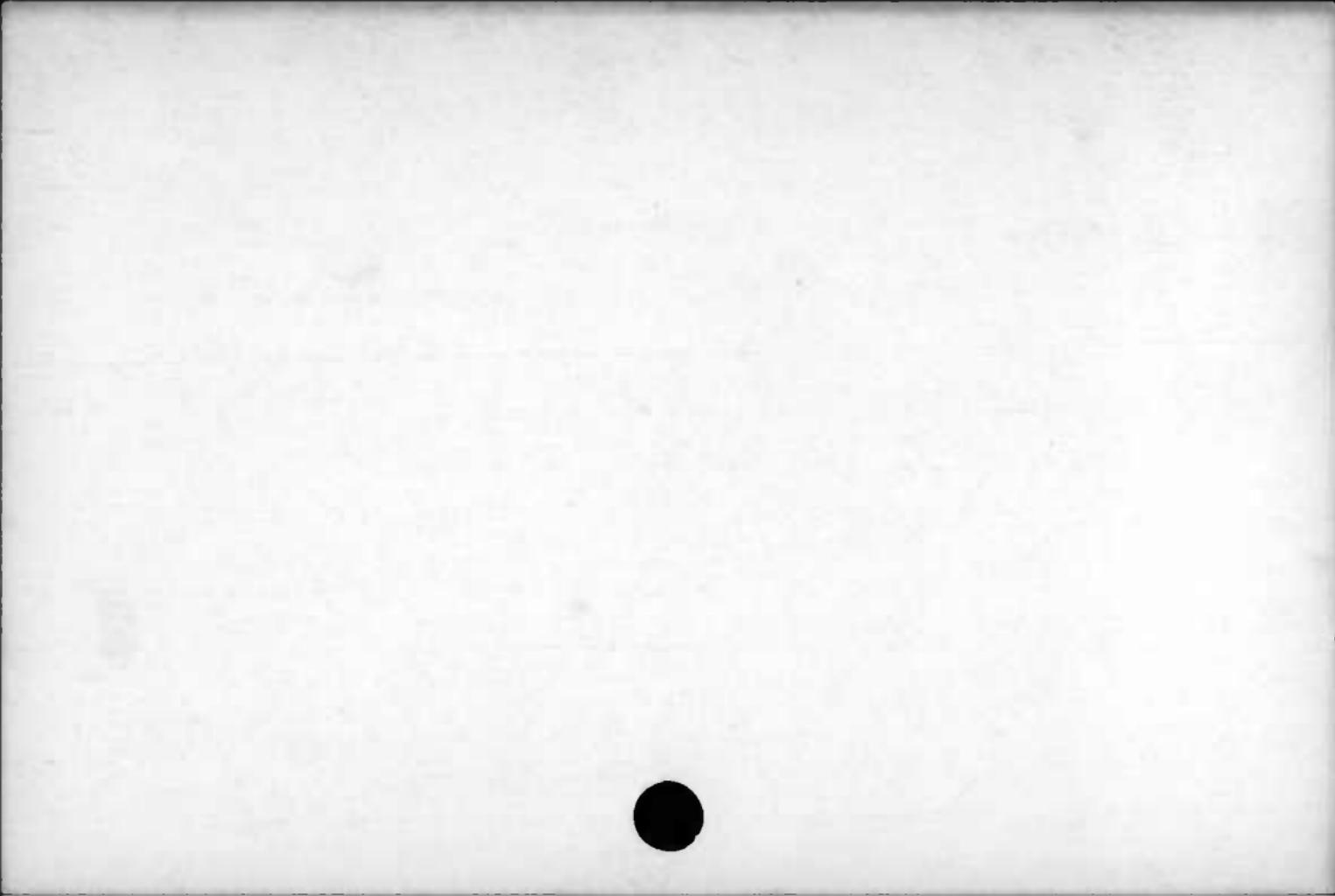
yes

Signature of Physician

Address

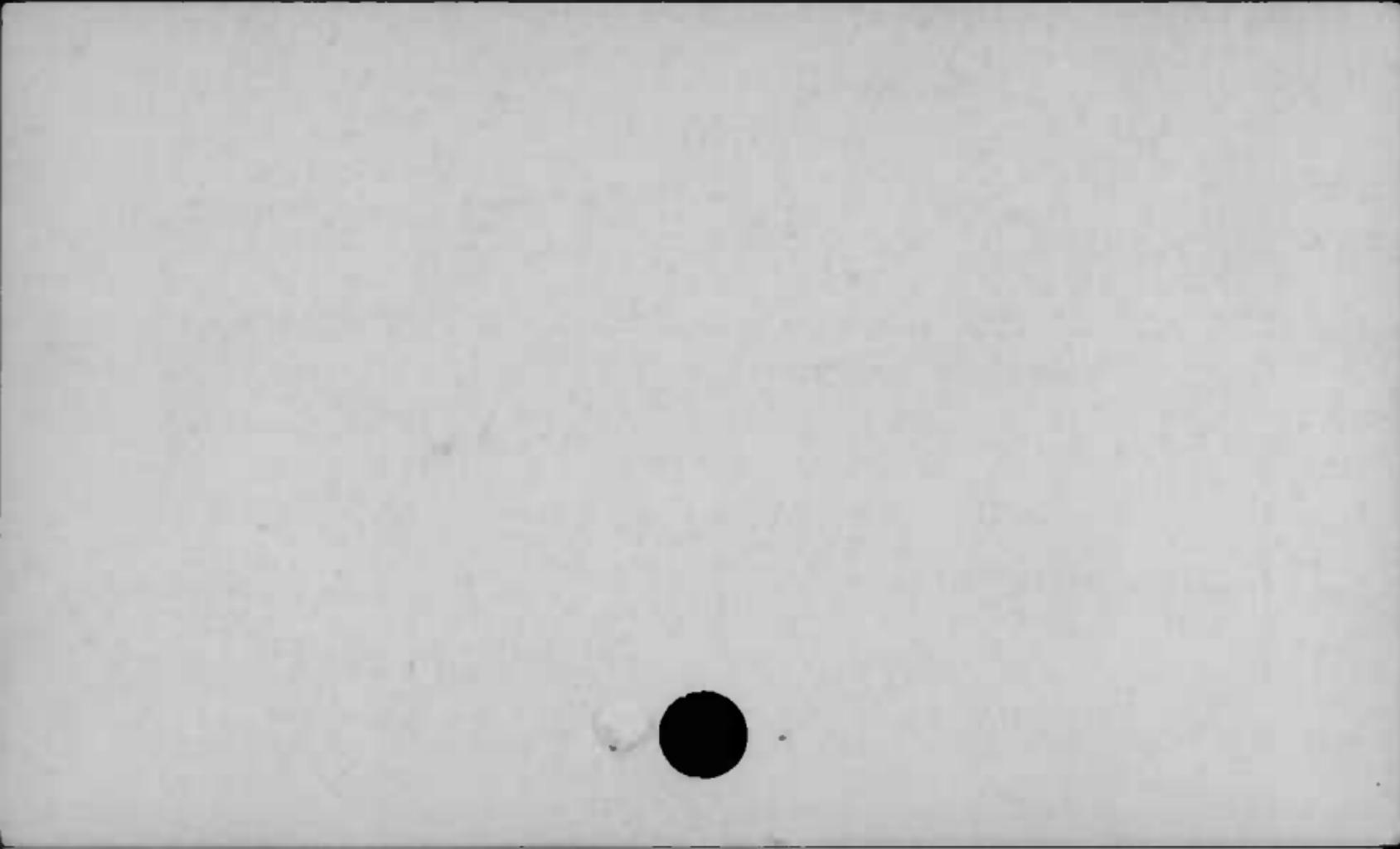
Dr. S. Bell-MD,
Harringtonville N.Y.

Accident or Suicide?



<i>Louis A. Baskin</i>						MARYLAND
Died at	Town	County				
Date 1911	Month	Day	Y.	M.	D.	Native of
	4	17	1911			Md
Male	White	Age				Occupation
Female	Colored	Married	Widow	Divorced		
Husband of		Single	Widower	Number of children living		
Father's Name				Mother's Maiden Name		
Cause of Death	Primary				How long sick	
	Immediate	Jan 17, 1911			47 days	
Reported by	<i>The family</i>					
Address	<i>17 Bost</i>					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

<i>John G Baumann</i>					CERTIFICATE OF DEATH		
Died at	Town <i>Salisbury</i>	County <i>Baltimore</i>	MARYLAND				
Date of death 1903	Month <i>Apr</i>	Day <i>14</i>	Age <i>77</i>	Years	Months <i>6</i>	Days <i>10</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>					
Married, Separated or Widowed <i>Widowed</i>	Occupation <i>Gardener</i>						
Name of Wife or Husband							
Father's Name <i>Frederick Baumann</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name	Mother's Birthplace <i>Germany</i>						
Name of person giving Information <i>Jacob Baumann</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer of Stomach 40

How long

six months

Immediate

Exhaustion

How long

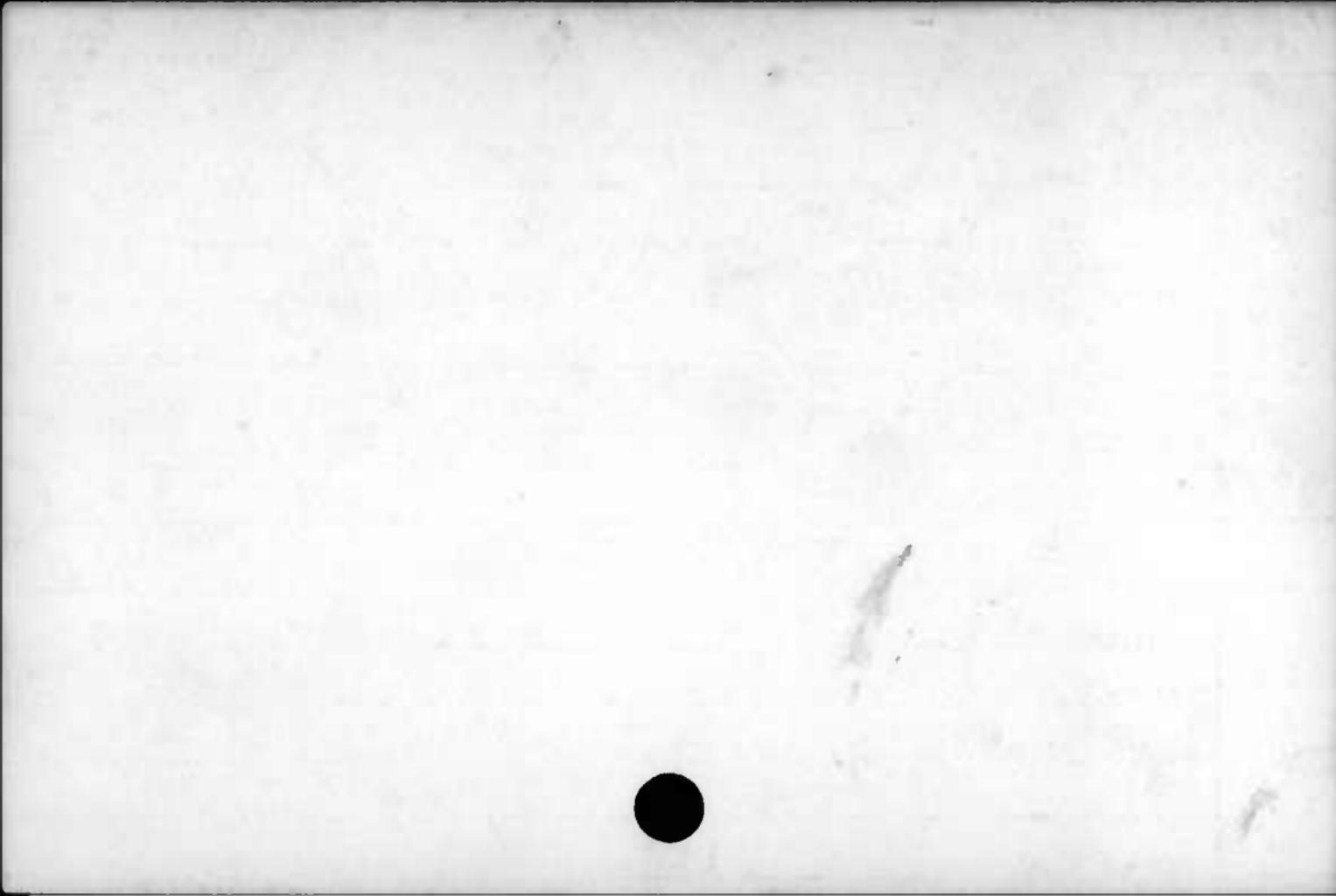
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

*I. Whiteley
Salisbury*

Accident or Suicide?



Name
in
Full

Elizabeth Beck

CERTIFICATE OF DEATH

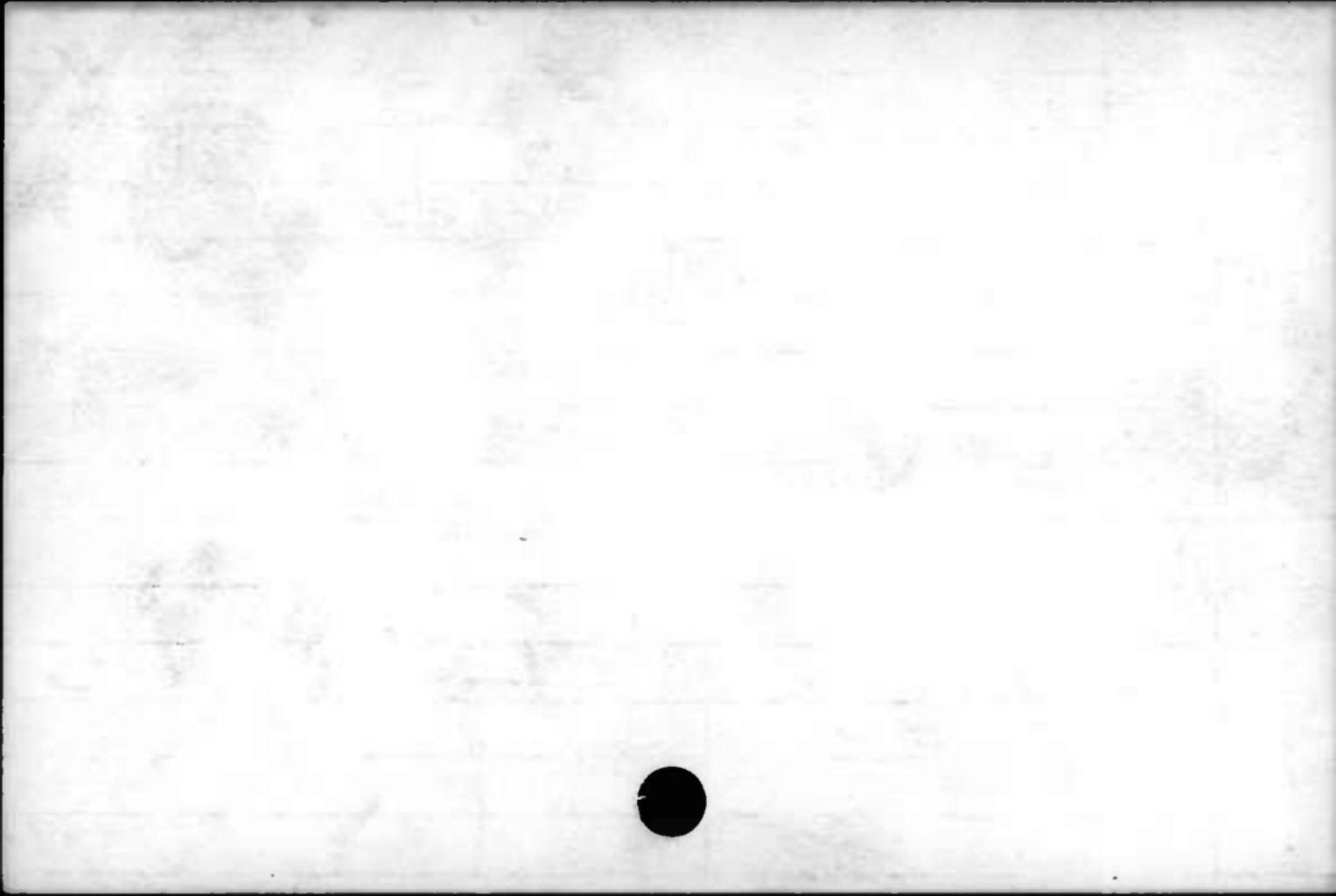
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1908	Month April	Day 29 th	Age 52	Years	Months 5	Days 10
Sex Female	Color or Race Colored	Birth-place Va.				
Married, Single or Widowed Married	Occupation Homework					
Name of Wife or Husband						
Father's Name	H.H.					Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information						How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma of Uterus		How long 18 months
Immediate	Exhaustion		How long 1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W.R. Hodges M.D.	Address Spanover Point Md.
Accident or Suicide?			



Name
in
Full

Edward Bennett

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month April	Day 11	Years _____
Sex Male	Color or Race White	Age _____	Month 3
Married, Single or Widowed	Occupation	Birth-place Highlandtown	Days 7
Name of Wife or Husband			
Father's Name	Charles Bennett	Father's Birthplace	_____
Mother's Maiden Name	Marie Taylor	Mother's Birthplace	Cesel Co
Name of person giving Information	Otunie Gressner	How related to deceased	Aunt

CAUSES OF DEATH

Primary	Acute Bronchitis	How long	Four days
Immediate	Heart Failure	How long	_____
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J.C. Robertson M.D.
		Address	438 Lombard St Highlandtown
Accident or Suicide?			

نیزه



Name
in
Full

Catherine O Besore

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Reisterstown	Baldo	
Date of death	Month	Day	Years Months Days
1903	April	3	Age 68
Sex	Female	Color or Race	Birth-place
Married, Single or Widowed	Widow	Occupation	
Name of Wife or Husband	Deceased		
Father's Name	Dr John Besore	Father's Birthplace	Penns
Mother's Maiden Name	Rebecca Depreas	Mother's Birthplace	Busta
Name of person giving information	miss Julie Haughey	How related to deceased	Cousin

CAUSES OF DEATH

Primary	Chronic Nephritis	How long	Two Years
Immediate	Paralysis	How long	one week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	James Gore M.D.
		Address	Reisterstown
Accident or Suicide?		X	



Name
in
Full

Cornelius Blake

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Berries</i>	County <i>Baltimore</i>	MARYLAND		
Date of death 1908	Month <i>April</i>	Day <i>11</i>	Age <i>70</i>	Years	Months —
Sex <i>male</i>	Color or Race <i>Colored</i>	Birth- place <i>Ind</i>			
Married, Single or Widowed <i>Single</i>	Occupation				
Name of Wife or Husband —					
Father's Name <i>Jno Blake</i>				Father's Birthplace <i>Ind</i>	
Mother's Maiden Name —				Mother's Birthplace	
Name of person giving Information <i>Henry Preston</i>				How related to deceased <i>none</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary


Dropsy

How long

one year

Immediate

mm

How long

Are the name, age, sex, color, date
and place correctly given above?

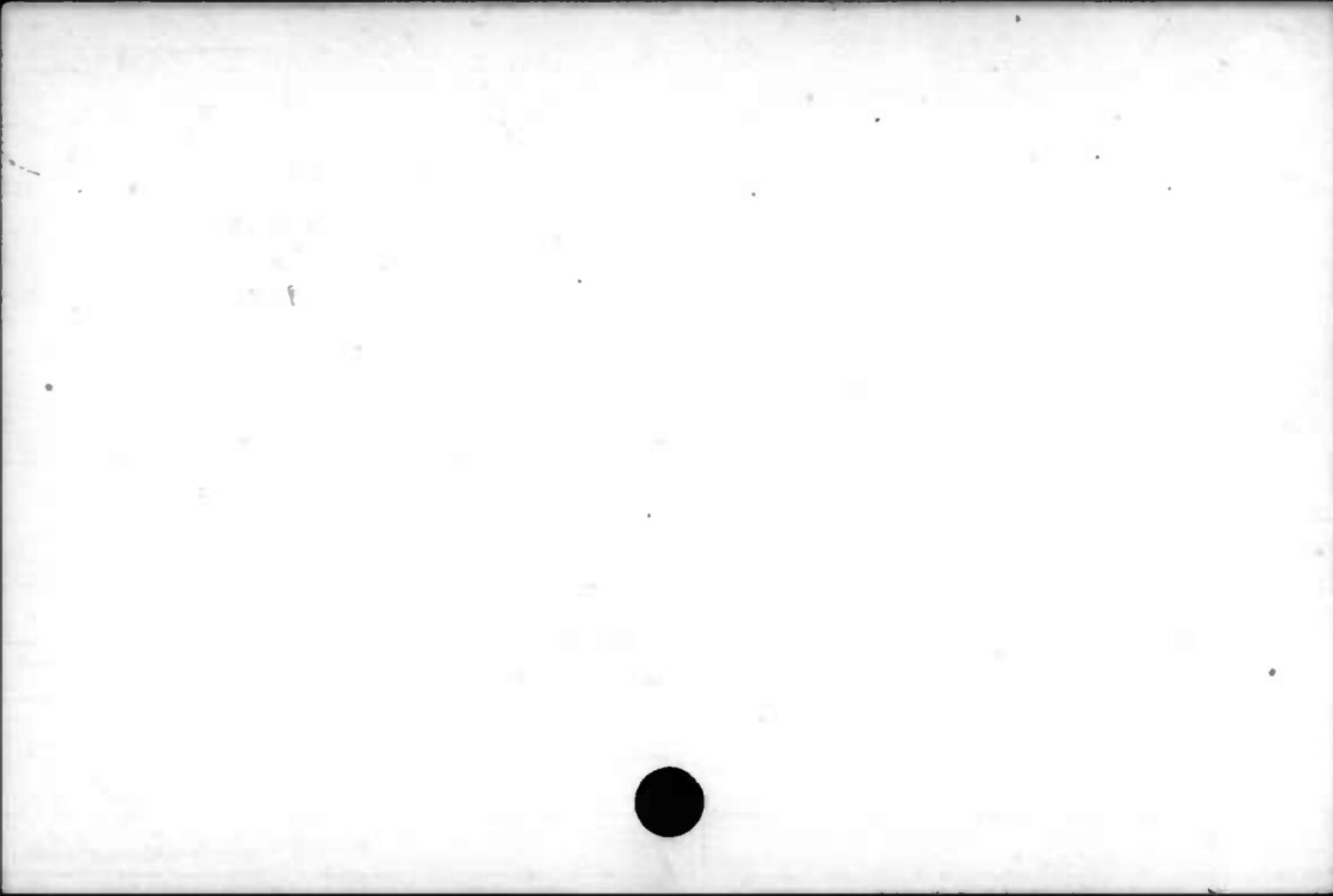
yes

Signature of
Physician

Address

Accident or Suicide?

William T Jenkins corner



Name
in
Full

Gladys Leora Blanchard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>Canton</u>	County <u>Baltimore</u>	MARYLAND		
Date of death 190	Month <u>Sept</u>	Day <u>12</u>	Age <u>1</u>	Months <u>2</u>	Days <u>18</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth- place <u>Canton, Md</u>			
Married, Single or Widowed	—	Occupation			
Name of Wife or Husband	—				
Father's Name <u>Chas W. Blanchard</u>		Father's Birthplace <u>N.Y.</u>			
Mother's Maiden Name <u>Minnie B. Smith</u>		Mother's Birthplace <u>Wick</u>			
Name of person giving Information <u>Father</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

Primary	<u>Syphilia</u>	QW	How long <u>3 weeks</u>
Immediate	<u>Heart Failure</u>		How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J C Robertson</u>	
		Address <u>438 Lombard St</u>	
Accident or Suicide?			<u>X Highlandton</u>

H.C. Stouges.
Old Mc. Cemetery

Name
in
Full

Mrs. Ella May Boring

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Glenel	Baltimore			
Date of death 1903	Month 4	Day 25	Age 28	Years	Months Days
Sex Female	Color or Race white	Birth-place Baltimore, Md.			
Married, Single or Widowed married	Occupation Housewife				
Name of Wife Husband	Mordica B. Boring	Father's Name	Carroll County		
Father's Name	Josina G. Wilhelm	Mother's Birthplace	Baltimore, Md.		
Mother's Maiden Name	Elizabeth Gaucher	How related to deceased	Brother		
Name of person giving information	Samuel Wilhelm				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Laryngeal Tuberculosis	How long	1 yr.
Immediate	Asthma	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. Ross Payne M.D.
		Address	Corbett / Ann. X
Accident or Suicide?			



Name
in
Full

Howard Waifield Bramble

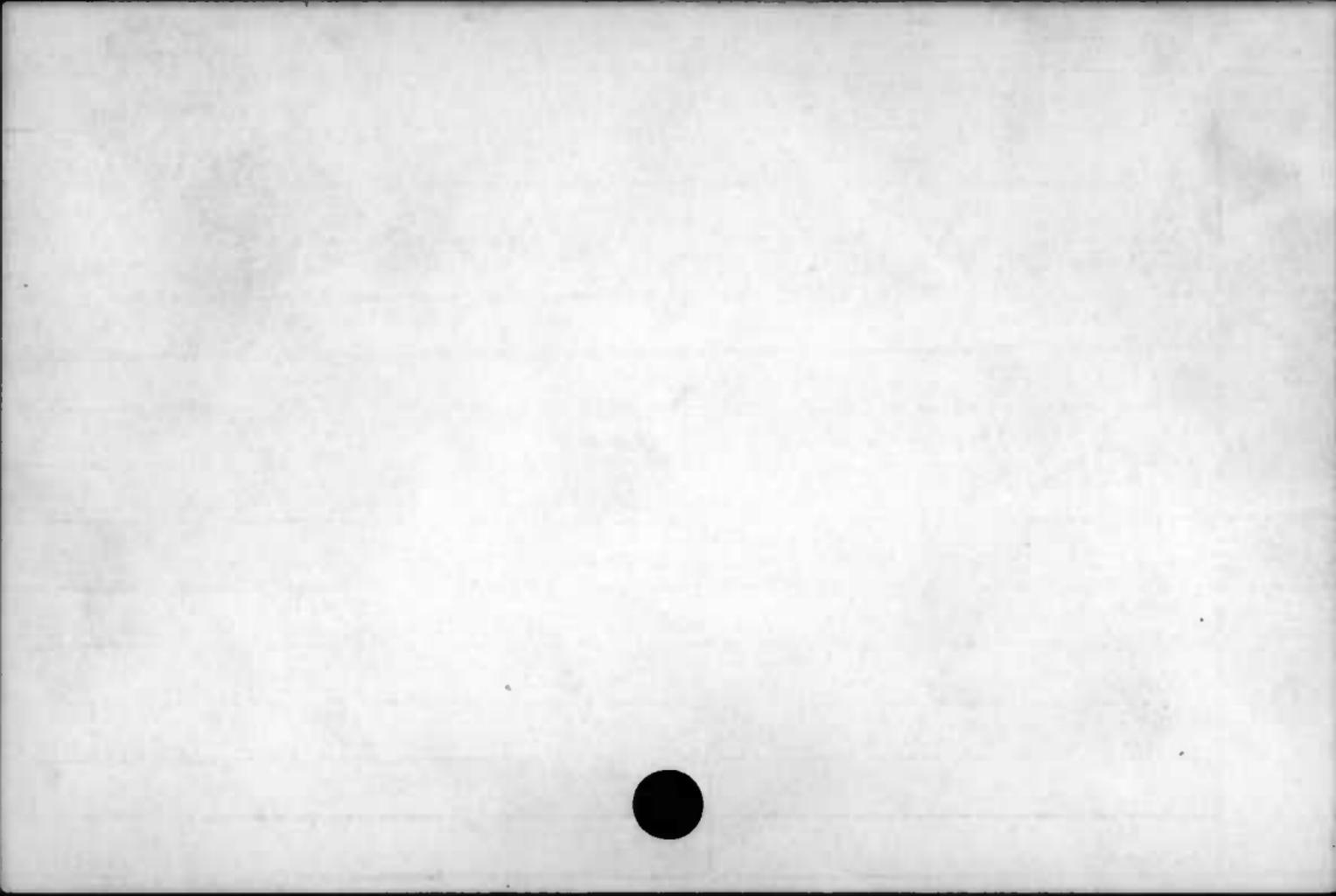
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Baltimore Co., Eastern Ave Road			County Baltimore	MARYLAND		
Date of death 1903	Month 4	Day 9	Age 29.	Years	Months	Days
Sex white male	Color or Race white	Birth-place Baltimore				
Married, Single or Widowed Single	Occupation Mariner					
Name of Wife or Husband None						
Father's Name Bass Bramble	Father's Birthplace Maryland					
Mother's Maiden Name None	Mother's Birthplace					
Name of person giving Information A.W.						How related to deceased

CAUSES OF DEATH

Primary	Capillary Bronchitis	How long 6 mos -
Immediate	Exhaustion.	How long 36 hours -
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. L. Gray MD.	
	Address 3 Anyough St -	
Accident or Suicide? No	Highlandtown.	



Name
in
Full

John G. Brendel.

CERTIFICATE OF DEATH

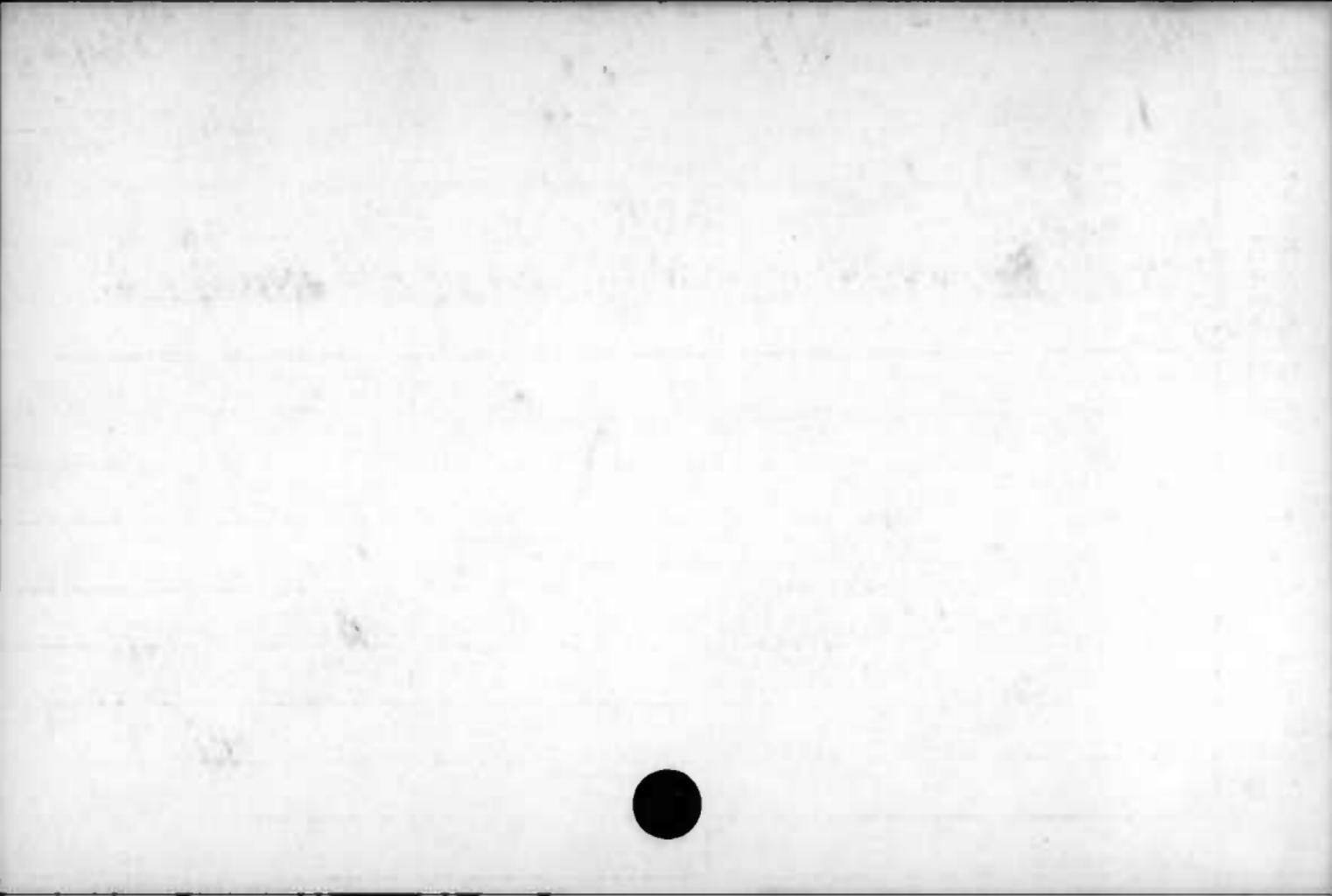
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died <input checked="" type="checkbox"/> near Parkville		Town Baltimore.		County		MARYLAND	
Date of death 1903	Month April	Day 22 nd	Years 74	Months 8	Days 11.		
Sex Male	Color or Race White	Occupation Gate Keeper.		Birth-place Hagerstown.			
Married, Single or Widowed Married	Name of Wife or Husband Susan M. Canoles.						
Father's Name John Brendel					Father's Birthplace Hagerstown.		
Mother's Maiden Name Hannah Korn.					Mother's Birthplace Chambersburg.		
Name of person giving information Susan M. Canoles					How related to deceased Wife.		

CAUSES OF DEATH

Primary	Heart Disease.		How long Nearly 2 years.
Immediate	79		How long
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician Address	H. J. Harrison. Lock Haven.
Accident or Suicide?	X		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Monroe Briggs

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Died at	Baltimore	County	Baltimore	Maryland		
Date of death 1903	Month April	Day 24	Age 36	Years	Months	Days
Sex male	Color or Race white	Birth-place Georgia				
Married, Single or Widowed married	Occupation Hardware merchant					
Name of Wife or Husband						
Father's Name				Father's Birthplace		
Mother's Maiden Name	59			Mother's Birthplace		
Name of person giving Information				How related to deceased		

CAUSES OF DEATH

Primary	Morphinism	How long	6 or 7 years
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	To. Rusliner White M.D.
		Address	Catonsville Md.
Accident or Suicide?			



Name
in
Full

Frank Brooke.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Day 18 th	Years 32	Months	Days
Sex Male	Color or Race White	Occupation	Birth-place Baltimore Md		
Married, Single or Widowed Married.					
Name of Wife or Husband Ada Brooke					
Father's Name Charles Brooke	Father's Birthplace American				
Mother's Maiden Name Laura Brooke	Mother's Birthplace				
Name of person giving Information Ada Brooke	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia 93

How long

10 days.

Immediate

yrs.

Signature of Physician

Address

George F. Eshbach M.D.
Dickeyville
Balto Co Md X

Accident or Suicide?

Ridge Cemetery

Name
in
Full

Suther Brown

CERTIFICATE OF DEATH

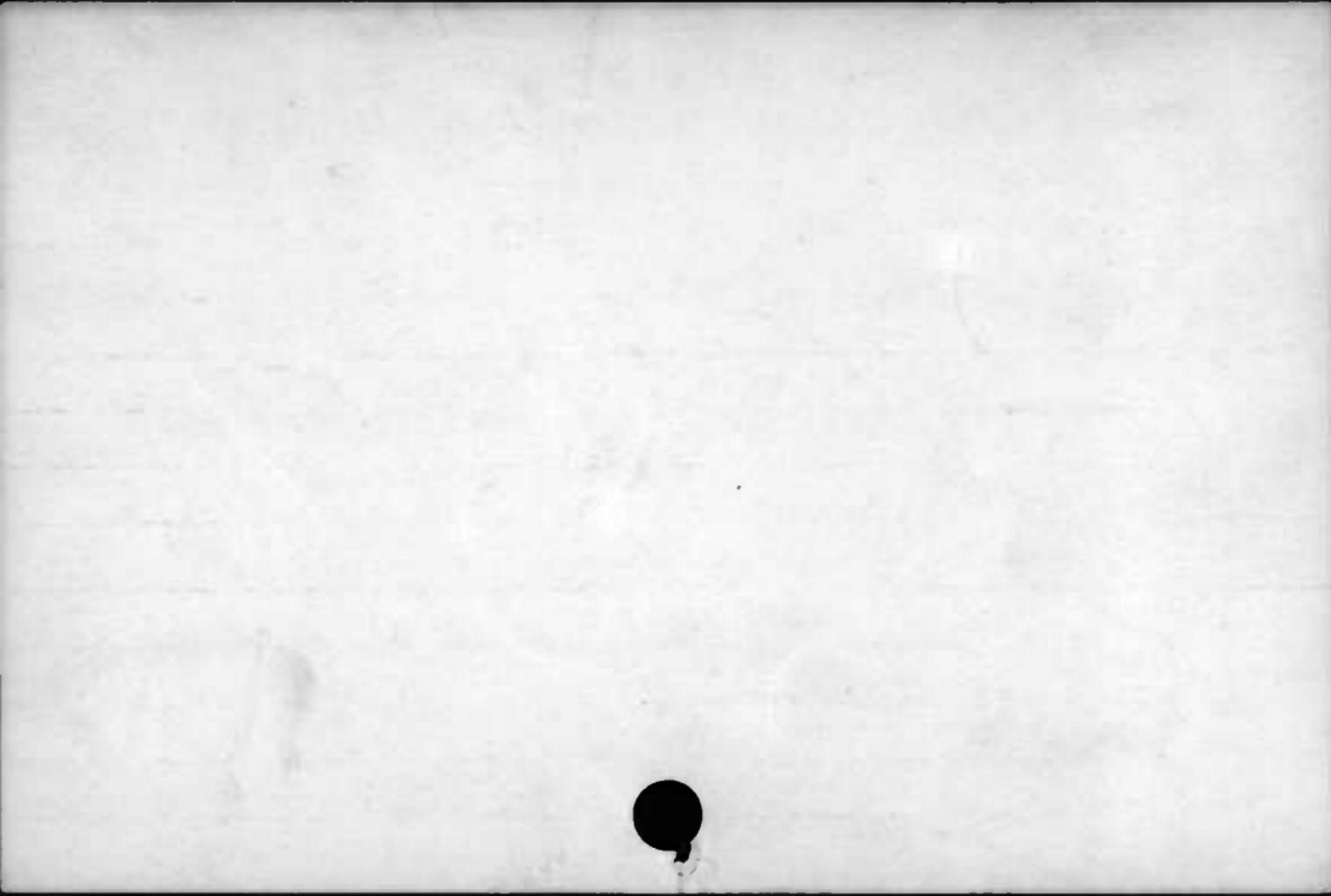
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1903	April	12	80	2	23
Sex	Male	Color Race	White	Birth-place	Maryland
Married, Single or Widowed	Occupation		Carpenter		
Married, widower					
Name of Wife or Husband	Hester Brown				
Father's Name	Unknown				
Mother's Maiden Name	Hester King				
Name of person giving Information	Wm J. Brown				
Father's Birthplace	Sunny Brook				
Mother's Birthplace	Sunny Brook				
How related to deceased	Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption		How long	30 years
Immediate	Consumption		How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. Miller, St. Louis Mo.	
		Address	Shane	
Accident or Suicide			Md	



Wm E. Bull

. Town

County

Died at

Hagerstown.

Baltimore.

MARYLAND

Date 189

1903. 4. 13.

Y.

M.

D.

Native of

Occupation

Laborer.

Male

White

Age 18. 1. 13
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Eli T. Bull.

Mother's
Name

Magdalene Bull

How long sick

Cause of

Primary

General Tuberculosis

Two years.

Death

Immediate

Acute Pulmonary

Accident, Suicide, Homicide

Reported by

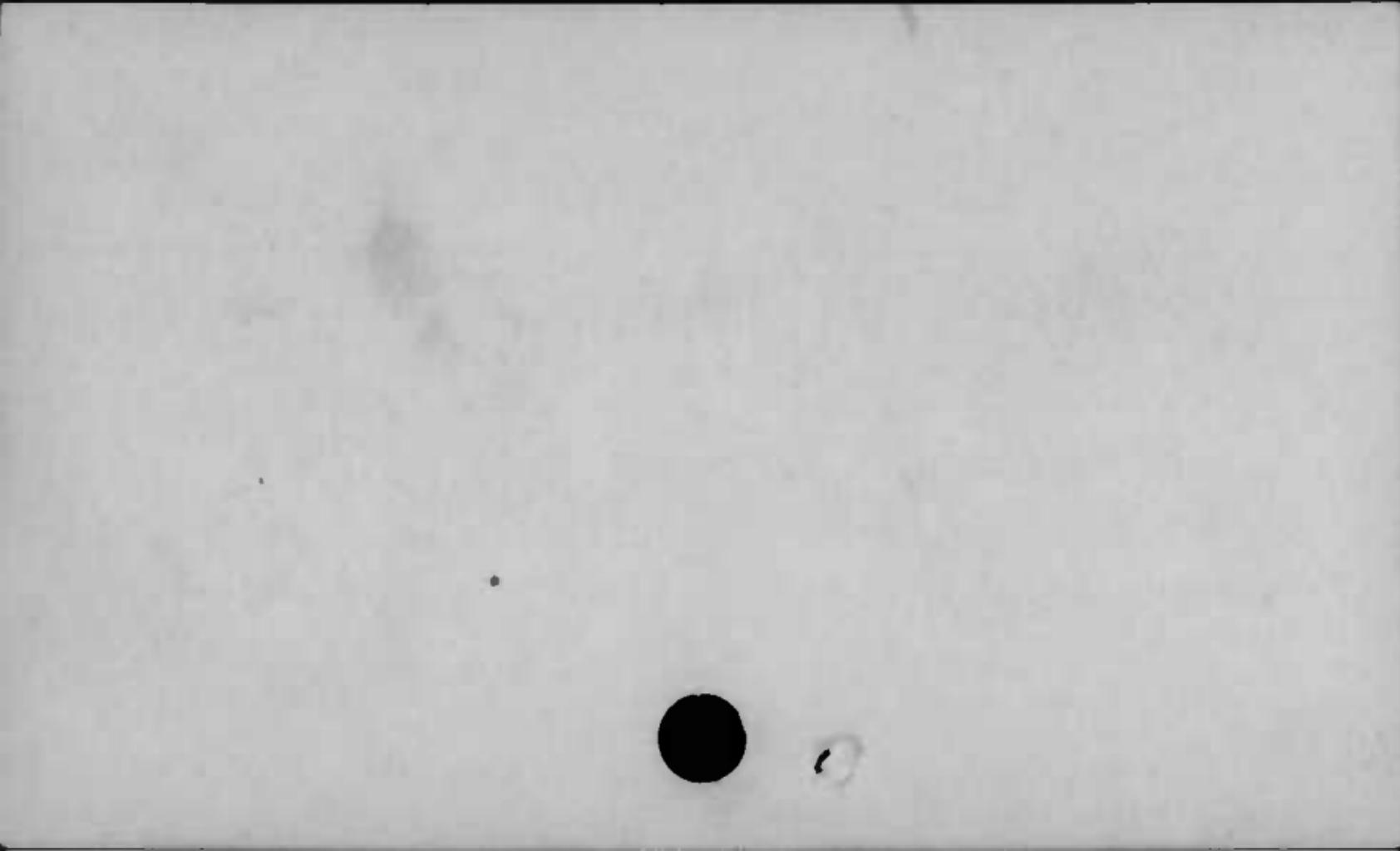
E. W. Leyde, M.D.

Address

Parkton.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

X



Name
in
Full

Hannah Bell Burnham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Brooklandville		County	Baltimore		MARYLAND			
Date of death 1903	Month	4	Day	5	Age	57	Months	-	Days	-
Sex	Female	Color or Race	White	Birth-place	Md					
Married, Single Widowed		Occupation	Housewife							
Name of Wife or Husband	Edward Burnham of Absolem									
Father's Name	Deal Bell									
Mother's Maiden Name	Arah Corbin									
Name of person giving information	Ed Burnham									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma of liver X0		How long	two months
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	At Louis Day Dr	
		Address	Pikesville	
Accident or Suicide?			Md X	



Name
in
Full

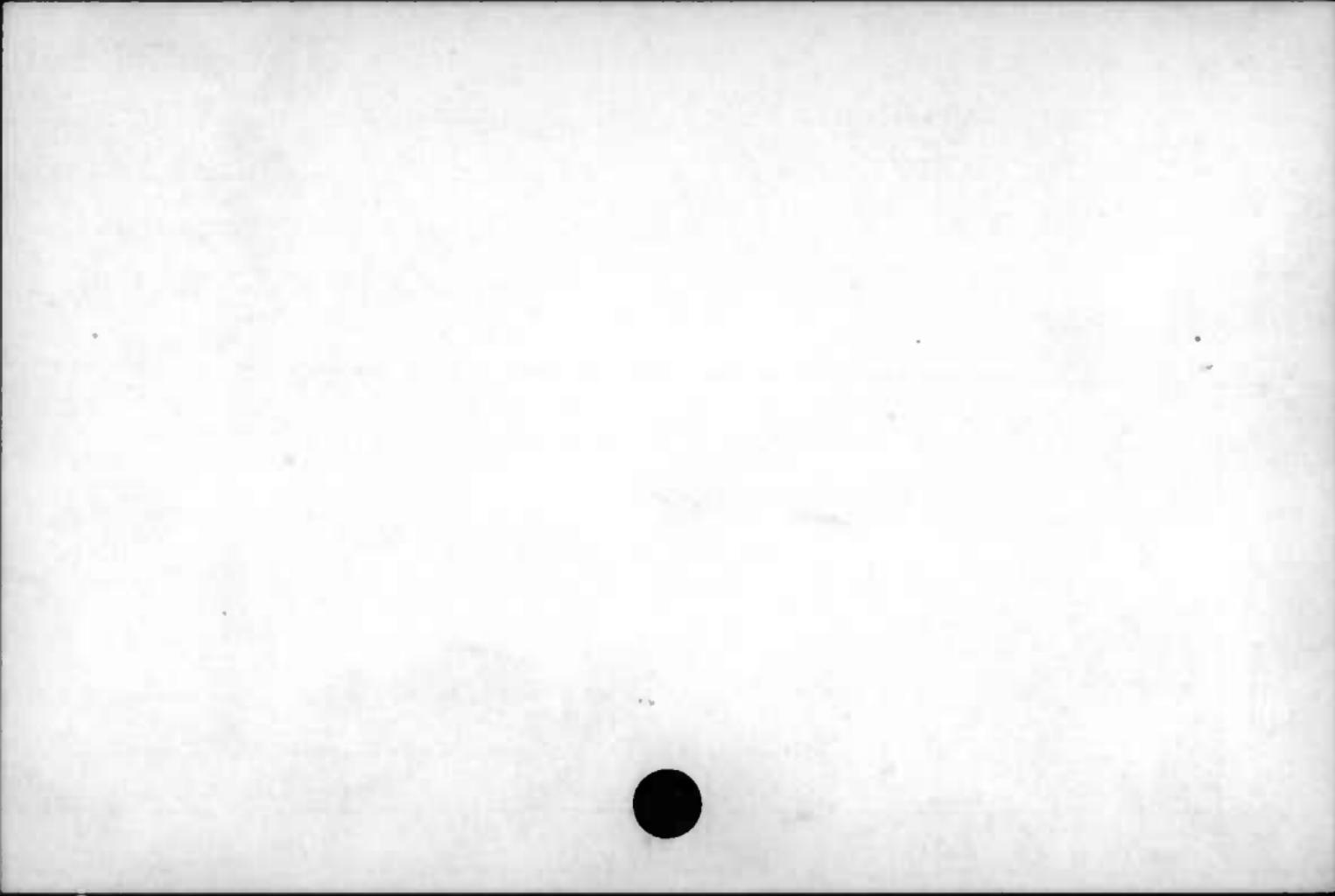
To BE ANSWERED BY
NEAREST FRIEND

Mary J. Bushey				CERTIFICATE OF DEATH		
Died at Delight, P.O.		Town	County Baltimore		MARYLAND	
Date of death 1908	Month April	Day 20	Years 25	Age	Months	Days
Sex Female	Color or Race white			Birth-place Baltimore Co		
Married, Single or Widowed Single	Occupation					
Name of Wife or Husband						
Father's Name Andrew Bushey			Father's Birthplace Baltimore Co			
Mother's Maiden Name Mary Gardner			Mother's Birthplace Baltimore Co			
Name of person giving Information Wm H Bushey			How related to deceased Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis	How long 2 or 3 years
Immediate Heart Failure 27	How long 24 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W.H. Campbell
	Address 622 Kings Mills, Md.
Accident or Suicide?	



Name
in
Full

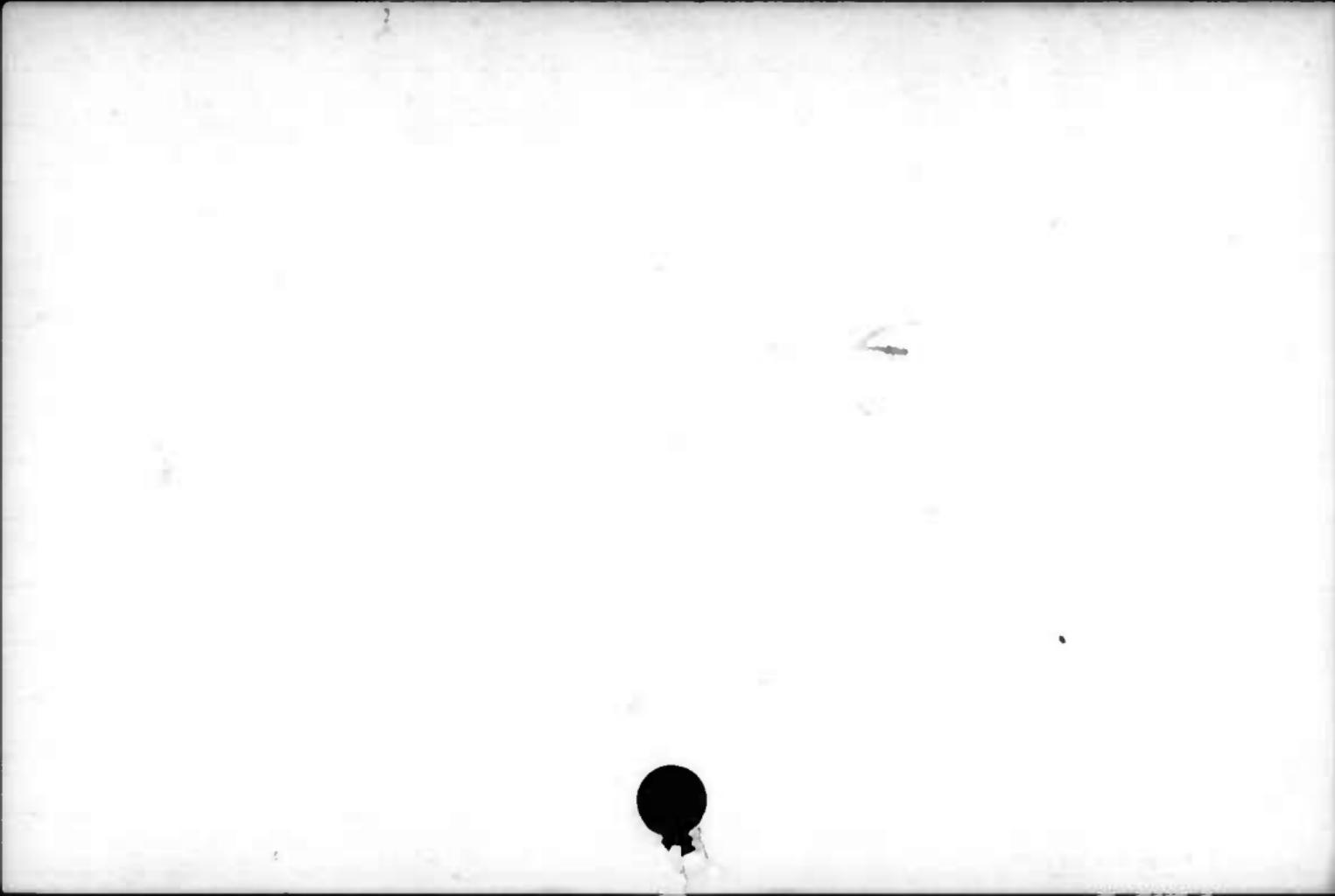
Shannon F. Butts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Pikesville	Baltimore	
Date of death	Month	Day	Years
1903	4	26	Age 64
Sex	Male	Color or Race	Birth-place
Married, Single or Widowed	Married	Occupation	Virginia
Name of Wife or Husband			
Father's Name			
Mother's Maiden Name			
Name of person giving information	W. M. Mathews		
CAUSES OF DEATH			
Primary	Bronchitis	qo	How long several months
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. P. E. My</i>
		Address	Pikesville
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Sarah C. Beyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Highlandtown		Town Baltimore County		MARYLAND	
Date of death 1903	Month Apr.	Day 20	Years 29	Months —	Days —
Sex Female	Color or Race white	Birth-place Maryland			
Married, Single or Widowed	Singer	Occupation Housewife			
Name of Wife or Husband	Anna				
Father's Name	George Beyer			Father's Birthplace	Germany
Mother's Maiden Name	Mary L. Toline			Mother's Birthplace	Md.
Name of person giving Information	Anna Conford			How related to deceased	sister

CAUSES OF DEATH

Primary	Tuberculosis		How long	18 months
Immediate	Exhaustion		How long	One week
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	J.C. Robinson M.D.
			Address	438 Lombard St Highlandtown
Accident or Suicide?				

Germanus, France
Undertaker
Stemmers Run Cemetery

Name
in
Full

Alice Close

CERTIFICATE OF DEATH

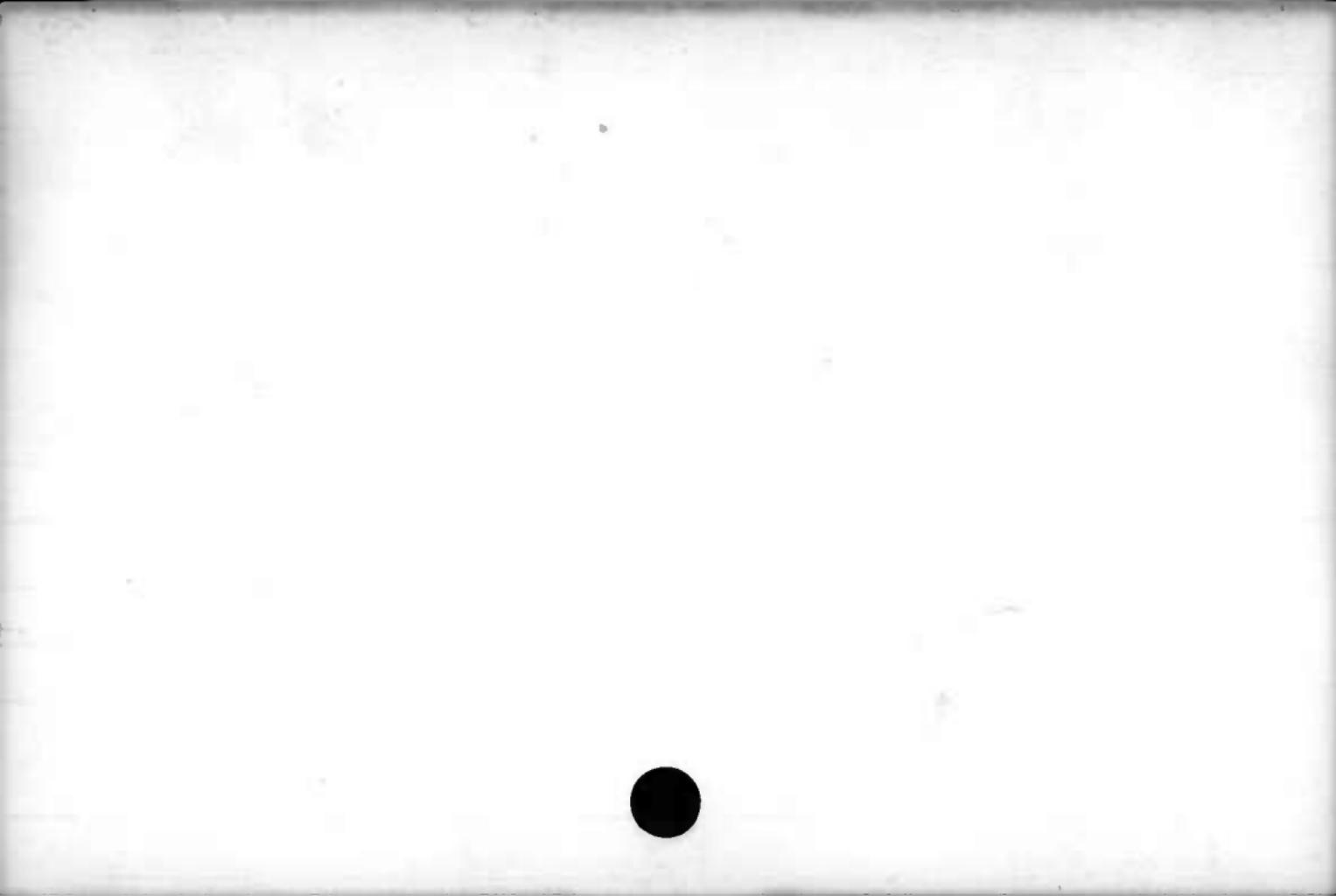
TO BE ANSWERED BY
NEAREST FRIEND

Town			County		MARYLAND	
Died at	Month		Day	Baltimore Co	Years	Months
Date of death 1903	4 th	6 th		Age 5'2		Days
Sex Female	Color or Race		White	Birth- place		
Married, Single or Widowed	Occupation		Single	none		
Name of Wife or Husband						
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information	Records Mt. Hope			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pul. Tuberculosis	How long
Immediate	Asthma	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		Frank J. Flanory Mt. Hope Retreat Mt. Hope



Name in Full

Ce tificate of Death

Helen Coats

Town

County

Died at

Teranit

Month

Day

Ballo

MARYLAND

M. D.

Native of

Occupation

Date 1903

Apr 17

Age

1

8

nd

Female

Colored

Single

Widow

Divorced

Number of children living

Husband
of

Wife

Father's
NameCause of
Death

Primary

Immediate

Percy Kump

Mother's

Maiden Name

Grace Coats

How long sick

3 days

Accident, Suicide, Homicide

Reported by

H. F. Shipley and
Teranit

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Edith Louella Coffill

Mt. Zion

County

Balto.

MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

3-27

Native of

Md

Occupation

Male

White

Age

Married

Widow

Female

Colored

Single

Widower

Divorced

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

AB

How long sick

15 days

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

J. H. Wilson, M. D.

Address

Fowlesburg

Dr. F

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

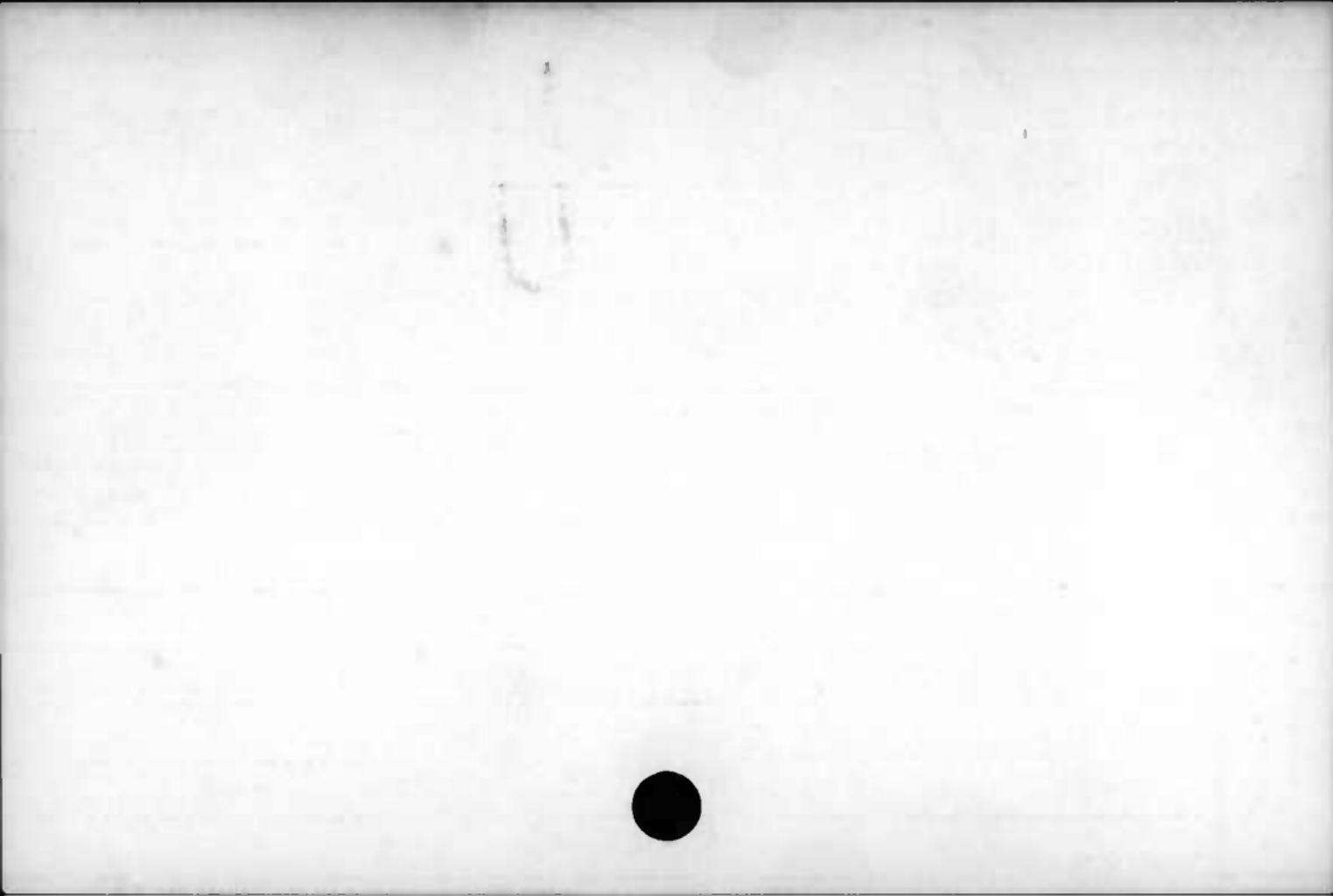
To BE ANSWERED BY
NEAREST FRIEND

Cora Collins, Bell.					CERTIFICATE OF DEATH		
Died at	Town <u>Lehensville</u>	County <u>Baltimore</u>			MARYLAND		
Date of death 1903	Month <u>April</u>	Day <u>8</u>	Age <u>42</u>	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>White</u>			Birth- place <u>Md</u>			
Married, Single or Widowed <u>Single</u>			Occupation <u>None</u>				
Name of Wife or Husband <u></u>							
Father's Name <u></u>				Father's Birthplace <u>X</u>			
Mother's Maiden Name <u></u>				Mother's Birthplace <u>X</u>			
Name of person giving Information <u></u>			68	How related to deceased <u>X</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Dementia</u>	How long <u>8 years.</u>
Immediate	<u>Facial Erysipelas</u>	How long <u>4 days.</u>
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician <u>J. H. Gray Jr. M.D.</u>
		Address <u>Lehensville</u>
Accident or Suicide?	No.	



Name
in
Full

Stephen Collins

CERTIFICATE OF DEATH

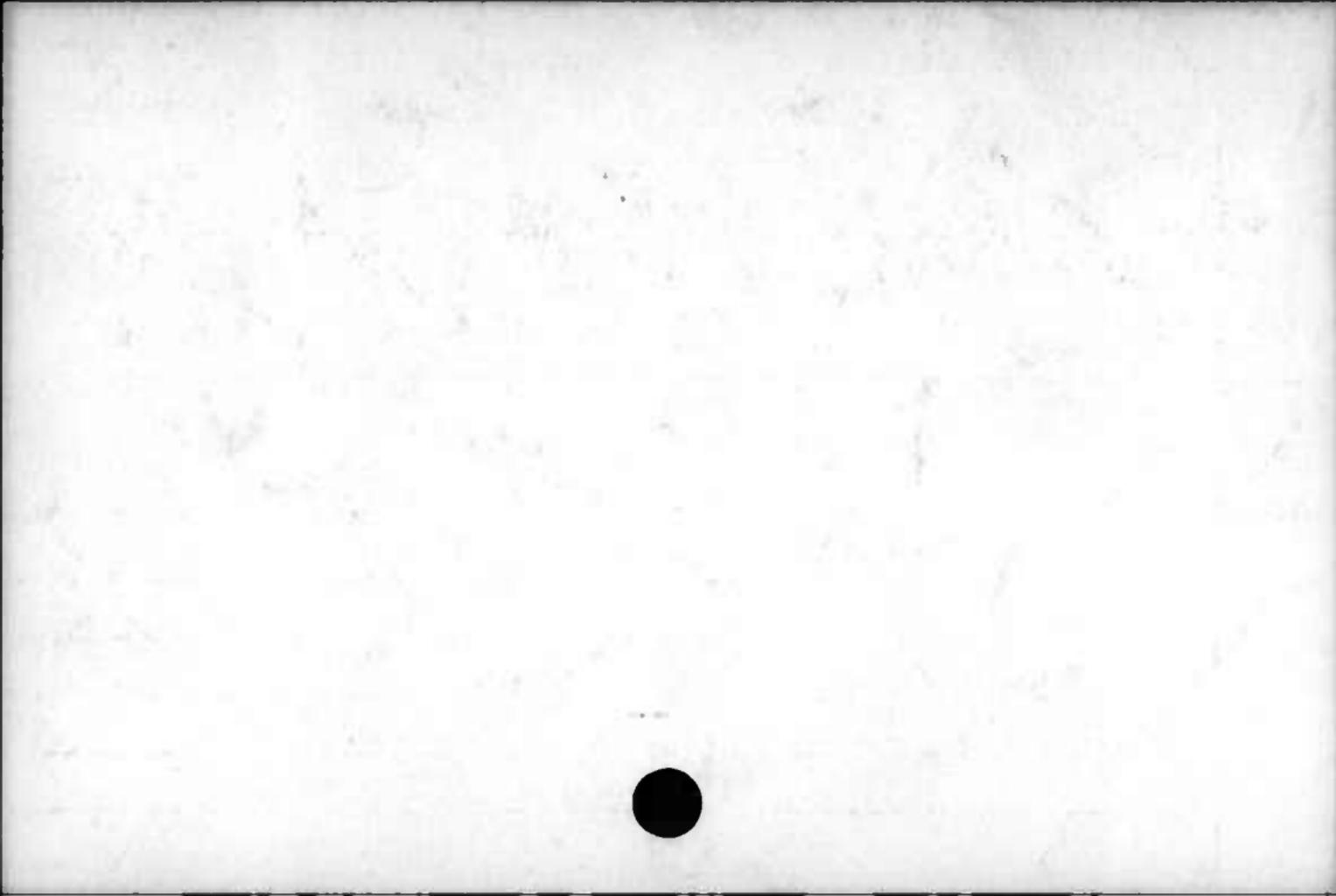
To BE ANSWERED BY
NEAREST FRIEND

Died at	Highlandtown		County	MARYLAND		
Date of death 1903	Month April	Day 15th	Age 33	Years 3	Months 3	Days 3
Sex Male	Color or Race White	Birth-place Salem, N.Y.				
Married, Single or Widowed married	Occupation Physician					
Name of Wife or Husband Minnie Haggerty (Collins)						
Father's Name Martin H. Collins	Father's Birthplace Not known					
Mother's Maiden Name Margaret Howard	Mother's Birthplace ..					
Name of person giving information Minnie H. Collins	How related to deceased Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Alcoholism	How long 5 weeks.
Immediate	Cardiac Paralysis.	How long immediate.
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician Thomas H. Magness
		Address 1576 East Balto. St.
Accident or Suicide? Neither		Balto. Maryland.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Stephen Collins

Town Highlandtown Baltimore Co County

CERTIFICATE OF DEATH

MARYLAND

Died at

Month

Day

Age

33³

Months

Days

Date
of death

1903 apr

15

3

3

2

Sex

Male

Color
Race

White-

Birth-
place

Salem N.Y.

Occupation

Physician

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Minnie Haggerty (Collins)

Father's
Name

Martin H. Collins

Father's
Birthplace

Not Known

Mother's
Maiden Name

Margaret Howard

Mother's
Birthplace

Name of person giving
Information

Minnie H. Collins

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Alcoholism

How long

7 weeks

Immediate

Cardiac Paralysis

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Thos H. Magness M.D.

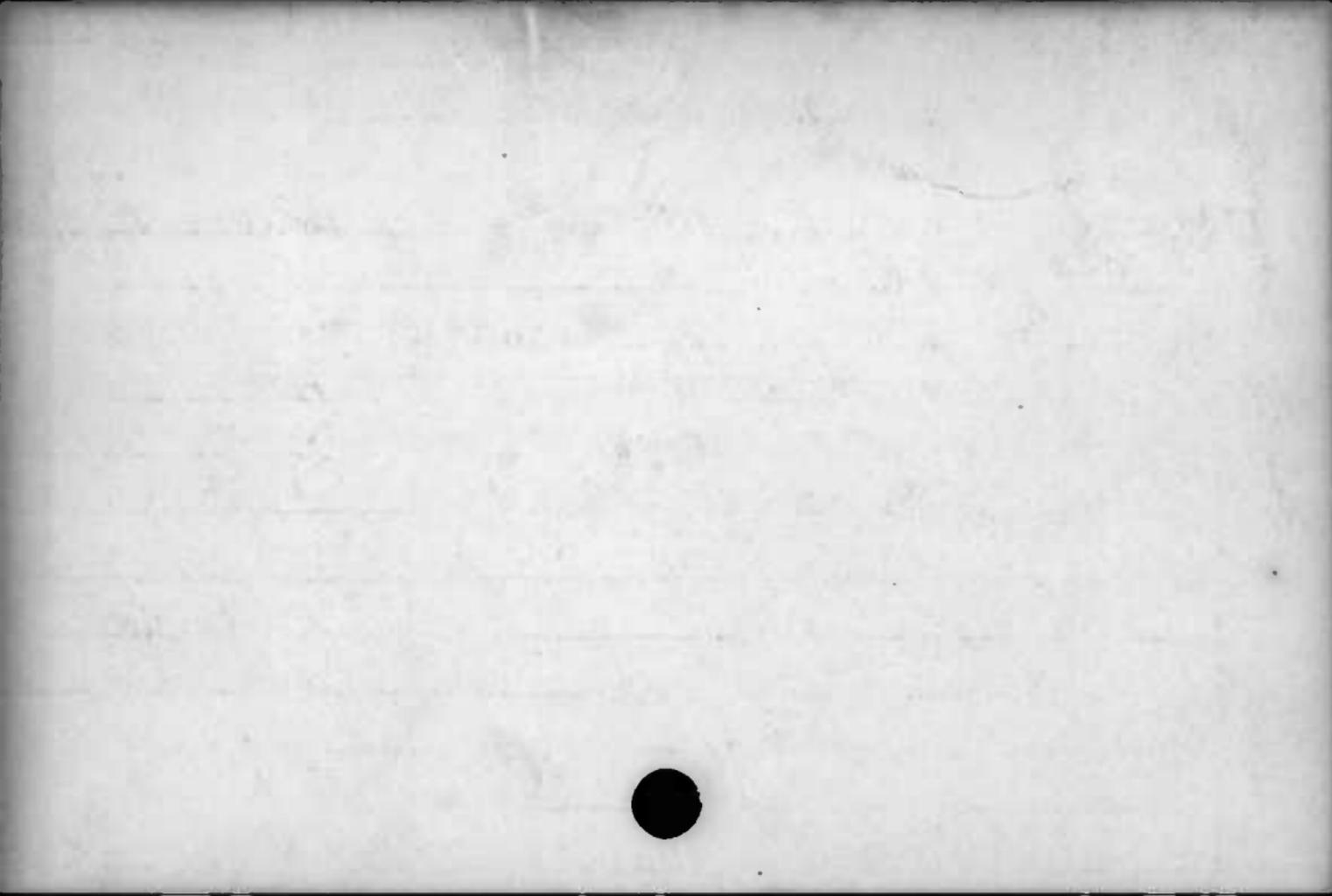
Address

1576 E. Bado St

Baltimore Md

Accident or Suicide?

Neither



Name
in
Full

Nettie Coombs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Baltimore	County	MARYLAND		
Date of death 190	Month 3 April	Day 19	Years 65	Months	Days
Sex female	Color or Race white	Occupation Servant	Birth-place Md.		
Married, Single or Widowed single					
Name of Wife or Husband					
Father's Name Jesse L. Coombs				Father's Birthplace	Not Known
Mother's Maiden Name Not Known				Mother's Birthplace	
Name of person giving Information Mrs. Ephraim Rank				How related to deceased	None.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Brigitts Disease	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

yes

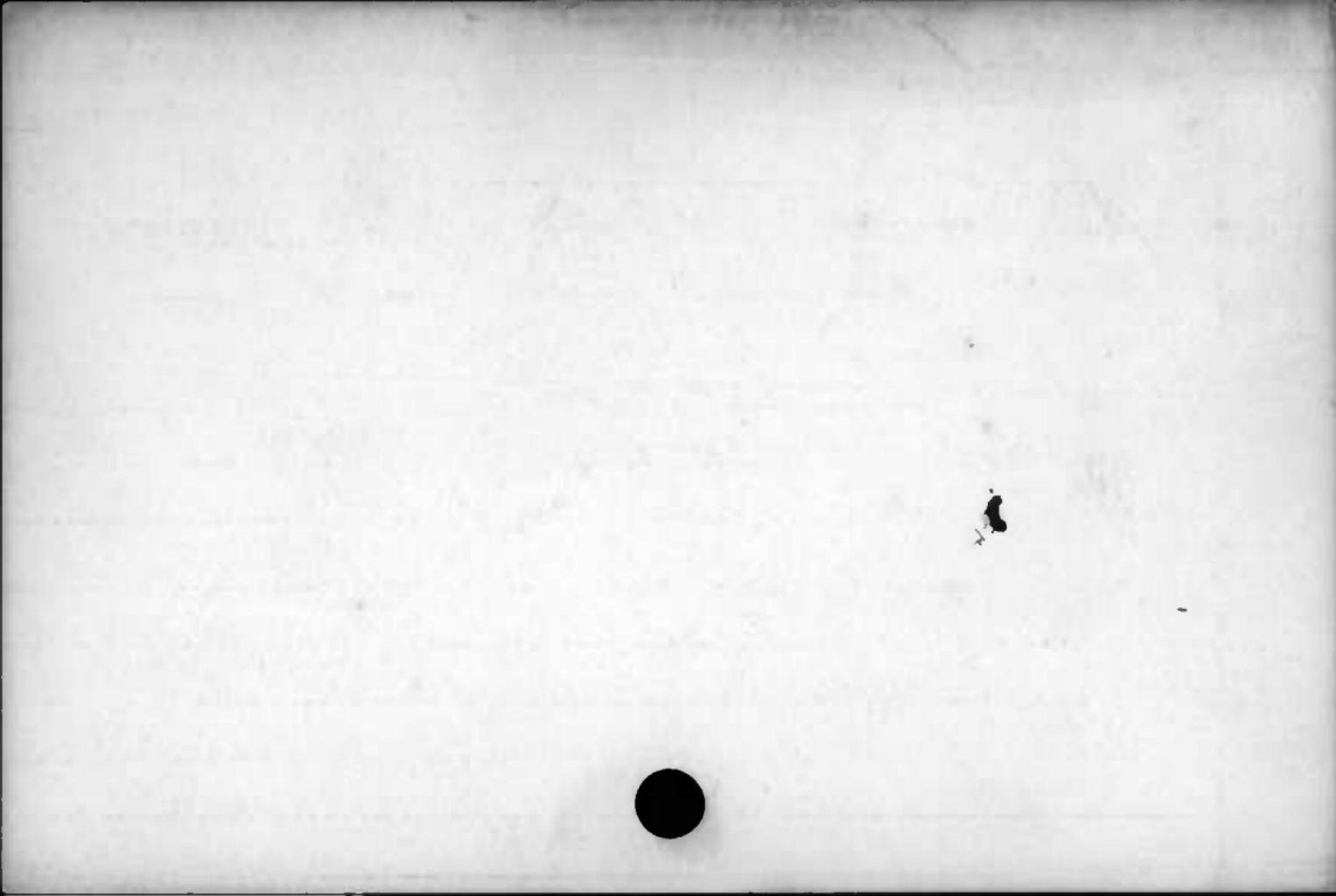
Signature of Physician

Address

G.W. Suter Huderleker,
Hagerstown, Md.

Accident or Suicide?

no



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Addie V. Crouse

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Worthington Valley	Baltimore				
Date of death 1903	Month April	Day 4	Years 46	Months	Days
Sex Female	Color or Race white	Occupation House wife			
Married, Single or Widowed married					
Name of Wife or Husband C. H. Crouse					
Father's Name Lafayette Breninger	Father's Birthplace		Pennsylvania		
Mother's Maiden Name Elizabeth Frank	Mother's Birthplace		Pennsylvania		
Name of person giving Information C. H. Crouse	How related to deceased		Husband		

CAUSES OF DEATH

Primary	Tuberculosis of lungs	How long	Two years
Immediate	Heart Failure	How long	

Are the name, age, sex, color, date and place correctly given above?

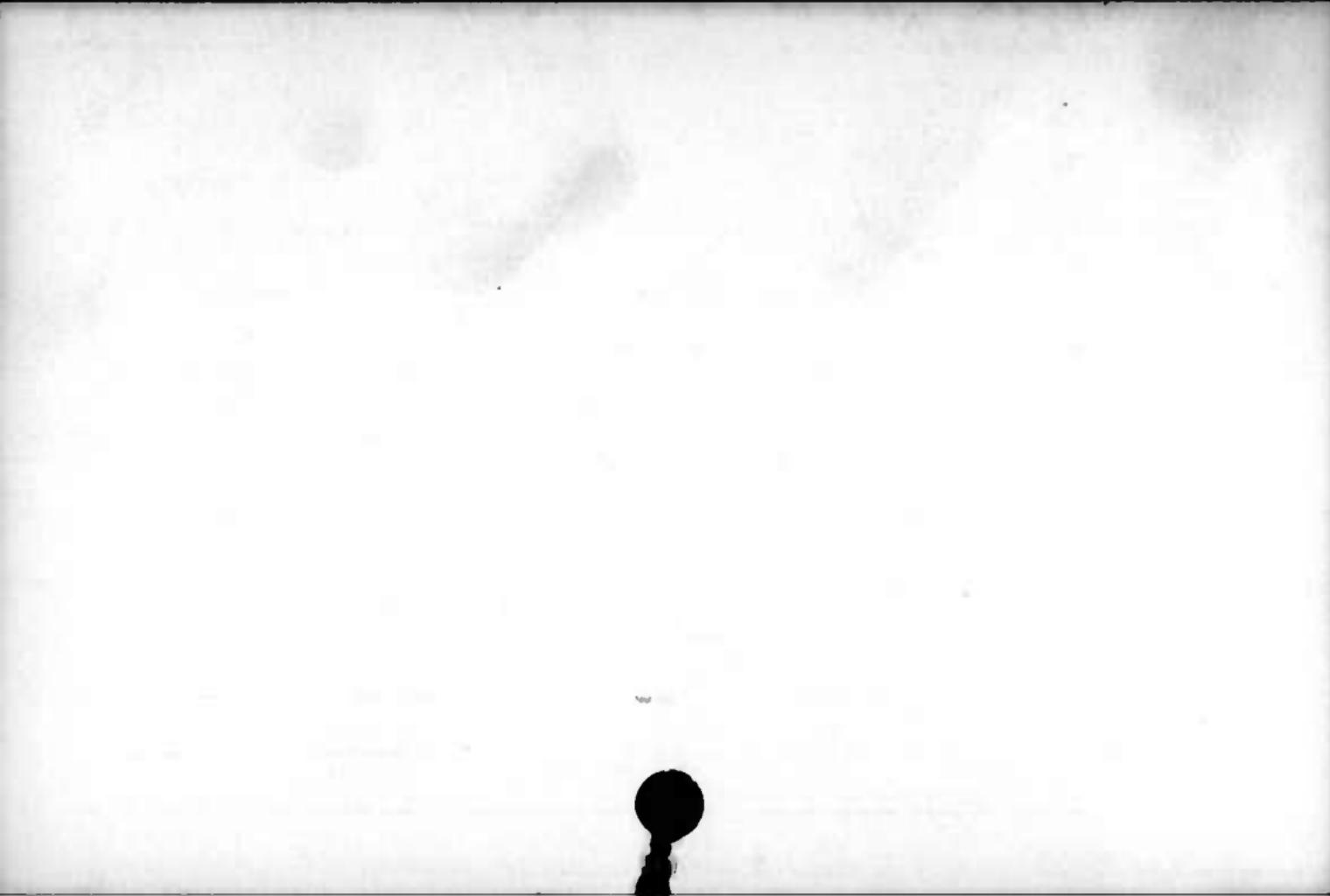
Yes

Signature of Physician

Address

J. Howard Tracy
Glyndon

Accident or Suicide? X



Lydia A. Dance

46

Town

County

Died at

Long Green

Baltimore

MARYLAND

Date 1903

Month Day

Y. M. D.

Native of

Occupation

April 26

Age 70-1

-

Pa.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Joseph G. Dance

Mother's

Maiden Name

Mary Anderson

Cause of

Primary

Cleaning

How long sick

Death

Immediate

Heart failure

Accident, ~~suicide, homicide~~

Reported by

J.W. Sheen M.D.
Gittings

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Miriam Diven

Died at	Stitz	Town	80	County	FORK COUNTY			MARYLAND
Date 1903	4	Month	28	Y.	75	M.	8	Native of
				D.	H			america
Male	White	Age	76	Widow	Yes	Divorced	Occupation	-
Female	Colored	Married		Widower		Number of children living		six

Husband of

Wife

Father's

Name

Cause of

Primary

Chronic Gastritis,

How long sick

5 weeks

Death

Immediate

Not known

Accident, Suicide, Homicide

Reported by

Jas. L. Eagle M.D.

Address

Two Freedom
Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Conrad Duer

Town

Canton

County

Baltimore

MARYLAND

Died at

Date 1903

Month

Day

Apr. 7 $\frac{1}{2}$

Y.

M.

D.

Age

27 - -

Native of

Germany

Occupation

Laborer

Male

White

Widow

Female

Colored

Widower

Divorced

Number of children living

2

Husband of
Wife

Annie Hoffman

Father's Name

George Duer

Mother's Maiden Name

Margaret Bentz

Cause of Death

Primary

Pulmonary Tuberculosis

How long sick

2 $\frac{1}{2}$ years

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Nathaniel D. W. Wright M.D.

Address

1023 Canton St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sacred Heart Cemetery
April 9th. 1903.

Germanus France
Undertaker.

Name
in
Full

Howard Doy Ebersole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Freeland</u> P. O.		County <u>Baltimore</u>		MARYLAND			
Date of death <u>1903</u>	Month <u>April</u>	Day <u>15</u>	Age <u>8</u>	Years	Months <u>4</u>	Days <u>8</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Baltimore Co.</u>			
Married, Single or Widowed <u>—</u>	Occupation <u>—</u>						
Name of Wife or Husband <u>—</u>							
Father's Name <u>George W. Ebersole</u>	Father's Birthplace <u>Baltimore Co</u>						
Mother's Maiden Name <u>Harriet Ellen Doy</u>	Mother's Birthplace <u>Baltimore Co</u>						
Name of person giving information <u>Annie Ebersole</u>	How related to deceased <u>Aunt</u>						

CAUSES OF DEATH

Primary <u>Typhoid Fever</u>	How long <u>17 days</u>
Immediate <u>Subacute Meningitis</u>	How long <u>Two (2) days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Joseph S Baedeker</u> Address <u>Freeland Baltimore Co</u>
Accident or Suicide?	



Name
in
Full

Thomas Ekins S.J.

CERTIFICATE OF DEATH

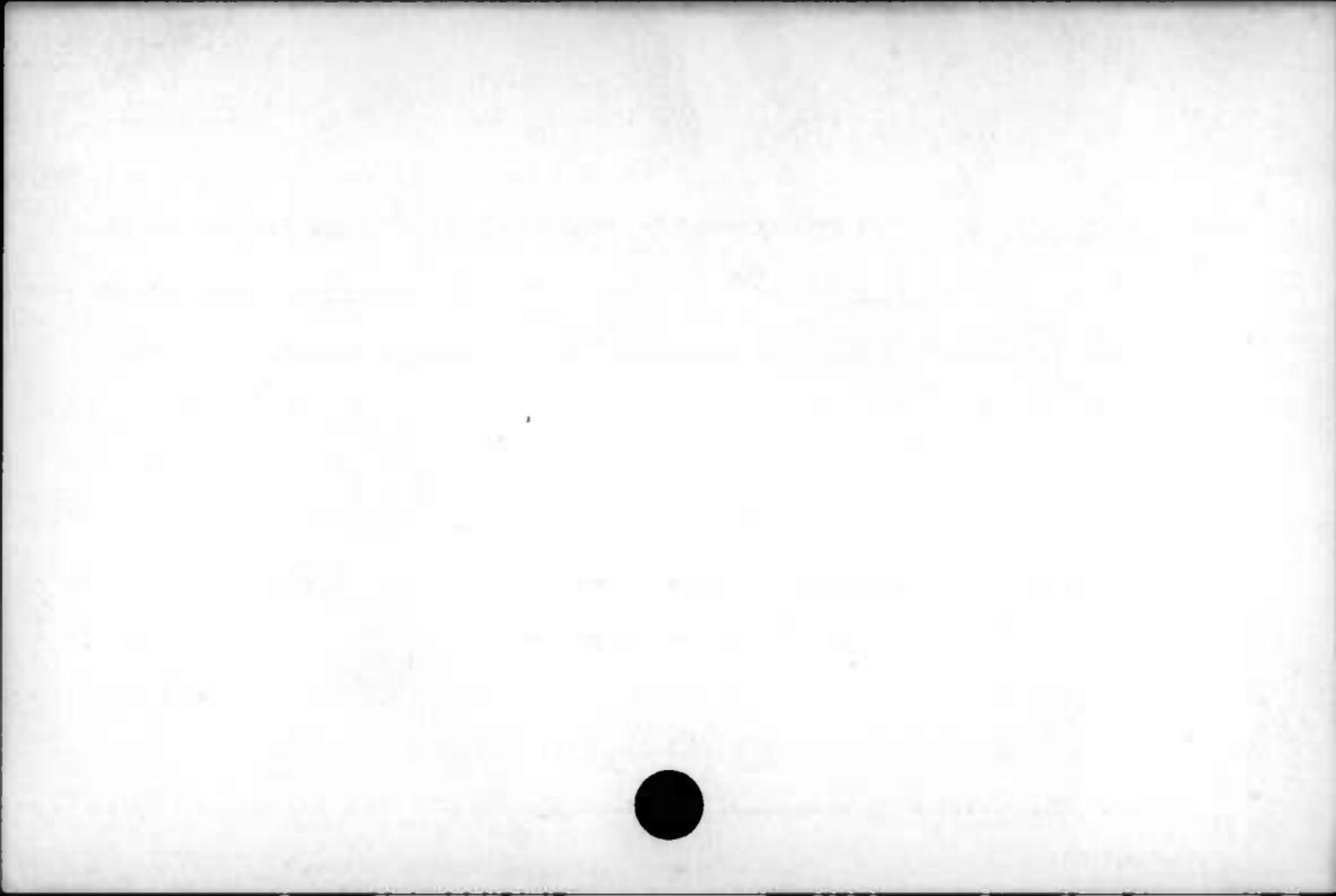
TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at Woodstock College	Baltimore				
Date of death 1903	Month apr.	Day 10	Years 73	Months 3	Days 20
Sex male	Color or Race white	Occupation Tailor	Birth-place Ireland		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	not Known		Father's Birthplace	Ireland	
Mother's Maiden Name	not Known		Mother's Birthplace	Ireland	
Name of person giving Information	Bro Mackin S.J. 40		How related to deceased	none	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro-Hepatic Cancer	How long about 1
Immediate	Exhaustion	How long year
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes		Address
Aided by Suicide?		R. J. Triplett M.D. Granary M.D.



Ensor.

Town

County

Died at

Dentley Springs Baltimore MARYLAND

Date 11/13

Month

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Mother's Name

Harry Franklin Ensor Sallie E. Ensor.

Cause of Death

Primary

How long sick

Stillbirth

Death

Immediate

Accident, Suicide, Homicide

Reported by

E.W. Gayle, M.D.

Address

Parkstone

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Chloe Fenwick

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 100	Month 3 April	Day 7	Age 83	Months	Days
Sex	Female	Color or Race	white	Birth- place	Md.
Married, Single or Widowed	Single	Occupation	None.		
Name of Wife or Husband	X			Father's Name	X
Mother's Maiden Name	X			Mother's Name	X
Name of person giving Information	X 68			How related to deceased	X

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dense Dementia

How long

5 years.

Immediate

Ch Nephritis

How long

1 year.

Are the name, age, sex, color, date
and place correctly given above?

yes

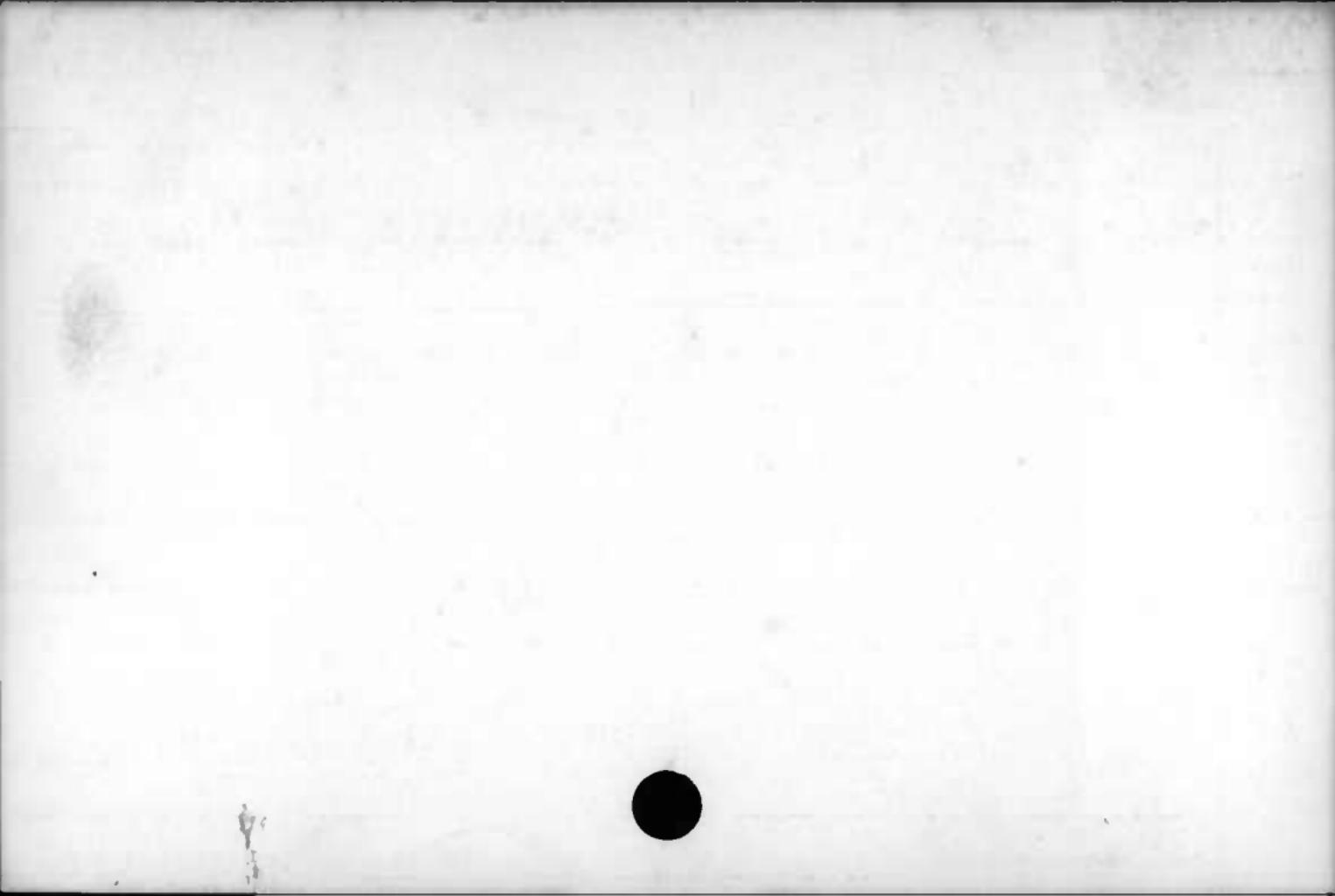
Signature of
Physician

Address

H. H. Fenwick
Hagerstown
Md.

Accident or Suicide?

No.



Name
in
Full

Frank Fenwick

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Apr	Day 28	Age 5	Years	Months 7 Days 20
Sex Male	Color or Race white	Birth-place Bally-			
Married, Single or Widowed Single	Occupation				
Name of Wife or Husband					
Father's Name	Father's Birthplace Bally-				
Mother's Maiden Name	Mother's Birthplace Bally-				
Name of person giving Information	How related to deceased Father				

CAUSES OF DEATH

Primary	Membranous Croup a		How long 5 days
Immediate	Heart failure		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. W. Schaefer M.D.	Address 1013 Canton St.
Accident or Suicide? ~			

St. Pauls Cemetery
Kanda Son.

Name

Motta Margaret Fleishman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Day 24	Years 63	Months 5	Days 19
Sex Female	Color or Race white	Birth-place Germany			
Married, Single or Widowed	Occupation House wife				
Name of Wife or Husband	John Fleishman				
Father's Name	Christ Waldemuth				
Mother's Maiden Name	Kathleen Waldemuth				
Name of person giving information	John Fleishman				

CAUSES OF DEATH

Primary	Cerebral Hemorrhage		How long 4 days
Immediate	Uraemia & Exhastion		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Frank W. Buhl M.D.
		Address	Lansdowne Md.
Accident or Suicide? _____			



Name
in
Full

Mrs Annie Frank

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Day 1	Age 40	Years	Months Days
Sex Female	Color or Race White	Occupation	Birthplace	Philadelphia	
Married Single or Widowed					
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long

Immediate *Exhaustion* How long

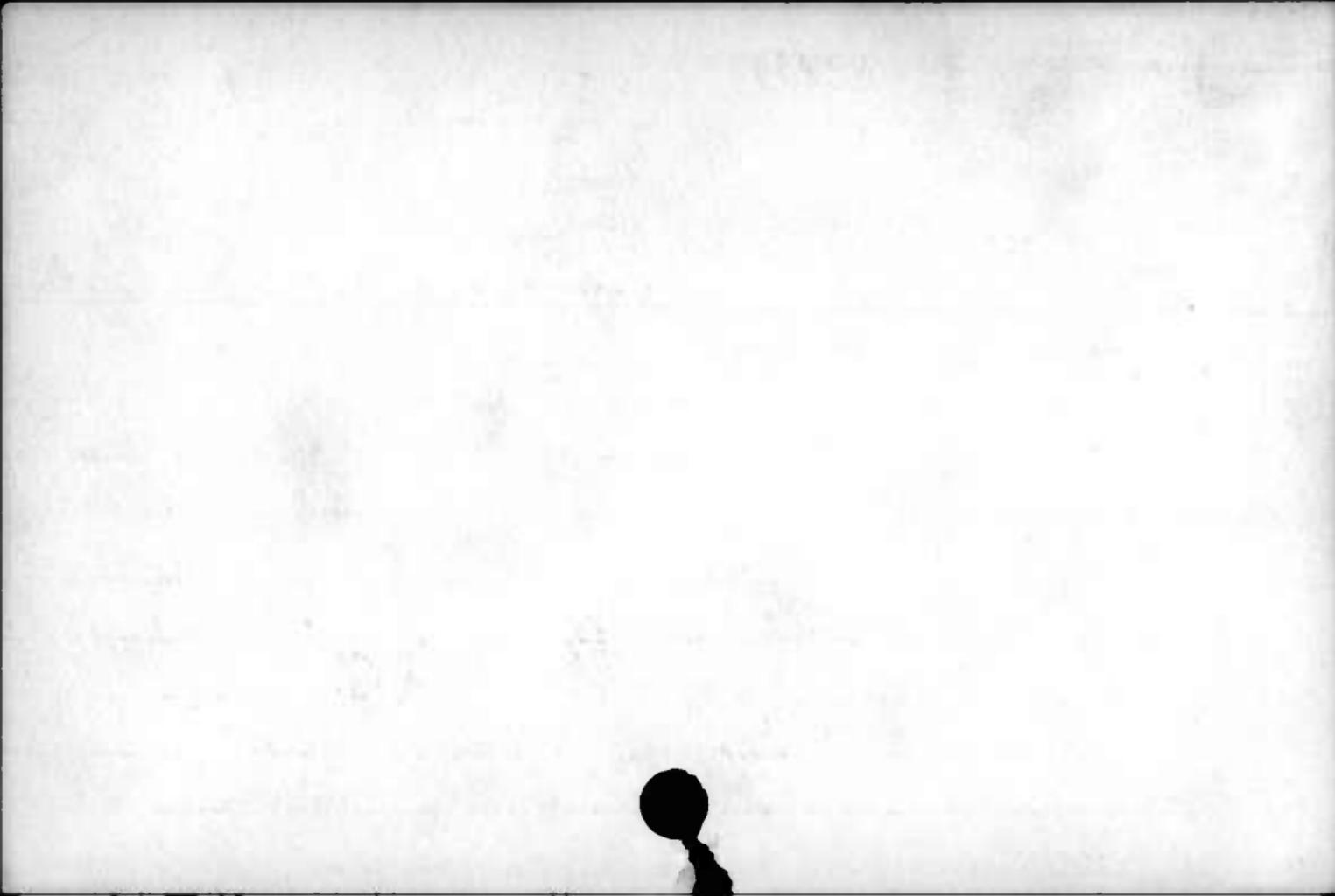
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

filed 1903

Accident or Suicide?



Name in Full

Certificate of Death

Rosa Sawn Gallagher

Town

County

Died at

Granstown

Balto.

MARYLAND

Date

1903

Month

Day

Y.

M.

D.

Native of

Female

White

Age
Married

57

9.13.

Widow

Divorced

Occupation

Husband of

Wife

Father's

Name

Jno. B. Gallagher

Mother's

Rosa Sawn

Maiden Name

Mary Madden

Cause of

Death

Reported by

Address

Hooper's M.D.

Stansbury (Balto. Md.)

How long sick

24 hours

Accident, Suicide, Homicide

3

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

43

CERTIFICATE OF DEATH

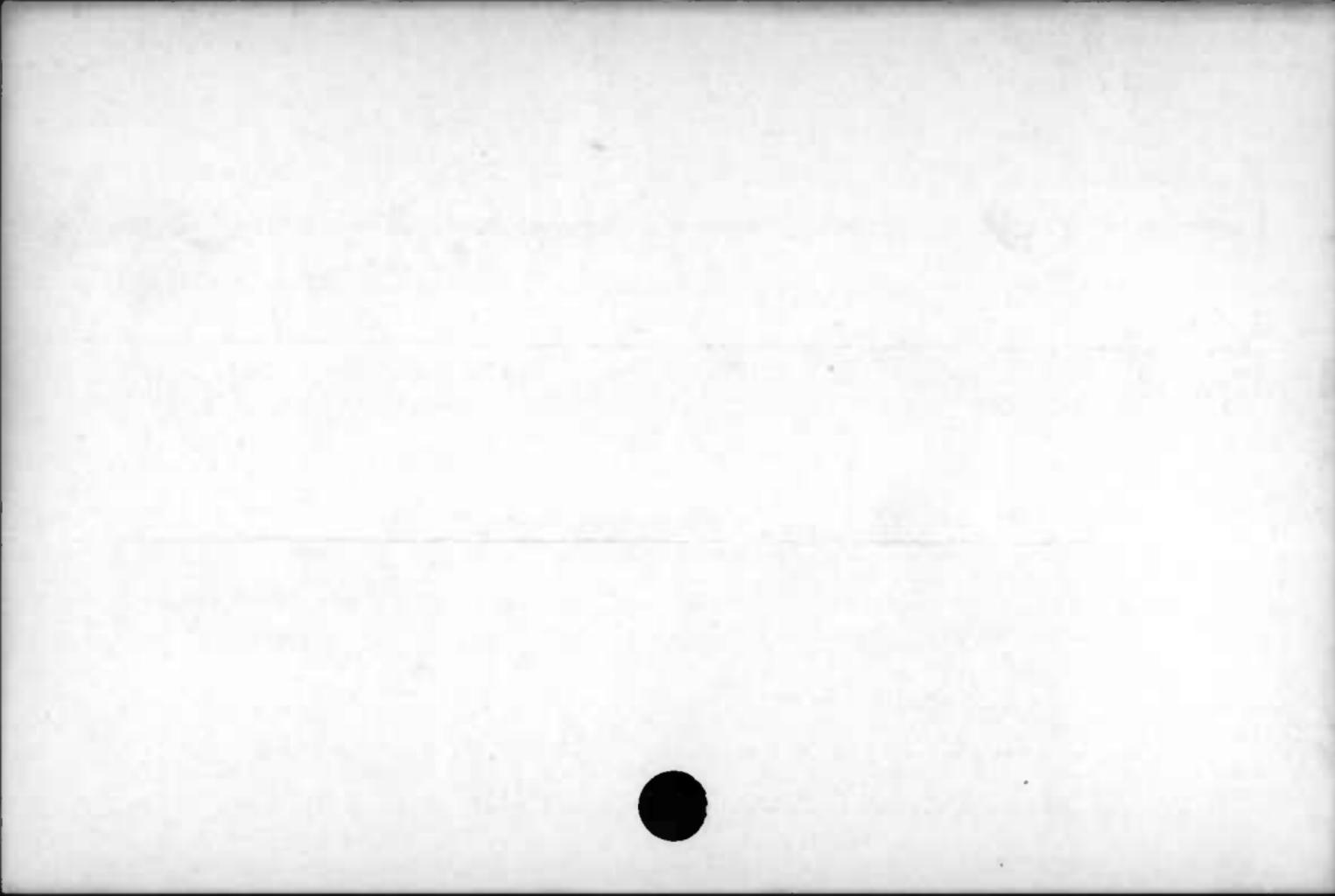
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death 1903	Month 4	Day 10	Years ✓	Months ✓	Days 14
Sex Female	Color or Race white	Birth-place Balto Co - Md			
Married, Single or Widowed ✓		Occupation			
Name of Wife or Husband ✓					
Father's Name	Wm F. George			Father's Birthplace	Balto Co
Mother's Maiden Name	Emma George			Mother's Birthplace	Balto Co
Name of person giving information	Wm Beal -			How related to deceased	no relation

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Exanition	15	How long	14 Days
Immediate	Same as above	15	How long	14 Days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	H. F. Harrison
			Address	Look Range
Accident or Suicide?				



John Gontrum

Town

County

Died at

Gaithersville

Baltimore Co.

MARYLAND

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received

from _____

of _____



Name
in
Full

Gladys A.C. Grenger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Highlandview		Baltimore	
Date of death	Month	Day	Years Months Days
1903	Apr	5	Age 3 — 26
Sex	Female	Color or Race	White
Married, Single or Widowed	Occupation		
Single			
Name of Wife or Husband	—		
Father's Name	Louis E Grenger		Father's Birthplace U.S.
Mother's Maiden Name	Annie Grenger		Mother's Birthplace U.S.
Name of person giving Information	Louis E Grenger		How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Sore throat

How long

2 weeks

Immediate

Heart failure

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. H. Colleberg
1810² Baltimore St.

Accident or Suicide?

Emanuel Emdey
H. Sander & Sons

Dr Collantes,
1810 E' Ballou st,

Name
in
Full

William Snitcher

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1903	Month april	Day 17	Years 69	Months Days
Sex male	Color or Race white	Occupation	Birth- place	
Married, Single or Widowed				
Name of Wife or Husband				
Father's Name				Father's Birthplace
Mother's Maiden Name				Mother's Birthplace
Name of person giving Information	166			How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Accidental

How long

Immediate

—

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

John G Mueller Coroner
216 O'Donnell St

Accident or Suicide?

St Pauls Cemetery
H Saunders & Sons

Smothered under earth
cave-in.

Name
in
Full

Harriet P. Heagy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Ballo	County	MARYLAND
Date of death 1903	Month April	Day 25	Years 14	Months 4 Days 6
Sex Female	Color or Race White	Birth-place Baltimore		
Married, Single or Widowed Single	Occupation Nurse			
Name of Wife or Husband				
Father's Name Mr. P. Heagy	Father's Birthplace Baltimore			
Mother's Maiden Name Jeanne C. Perry	Mother's Birthplace Providence			
Name of person giving information —	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Tuberculosis. How long 1 year.

Immediate By Lauter How long

Are the name, age, sex, color, date and place correctly given above?

Yes

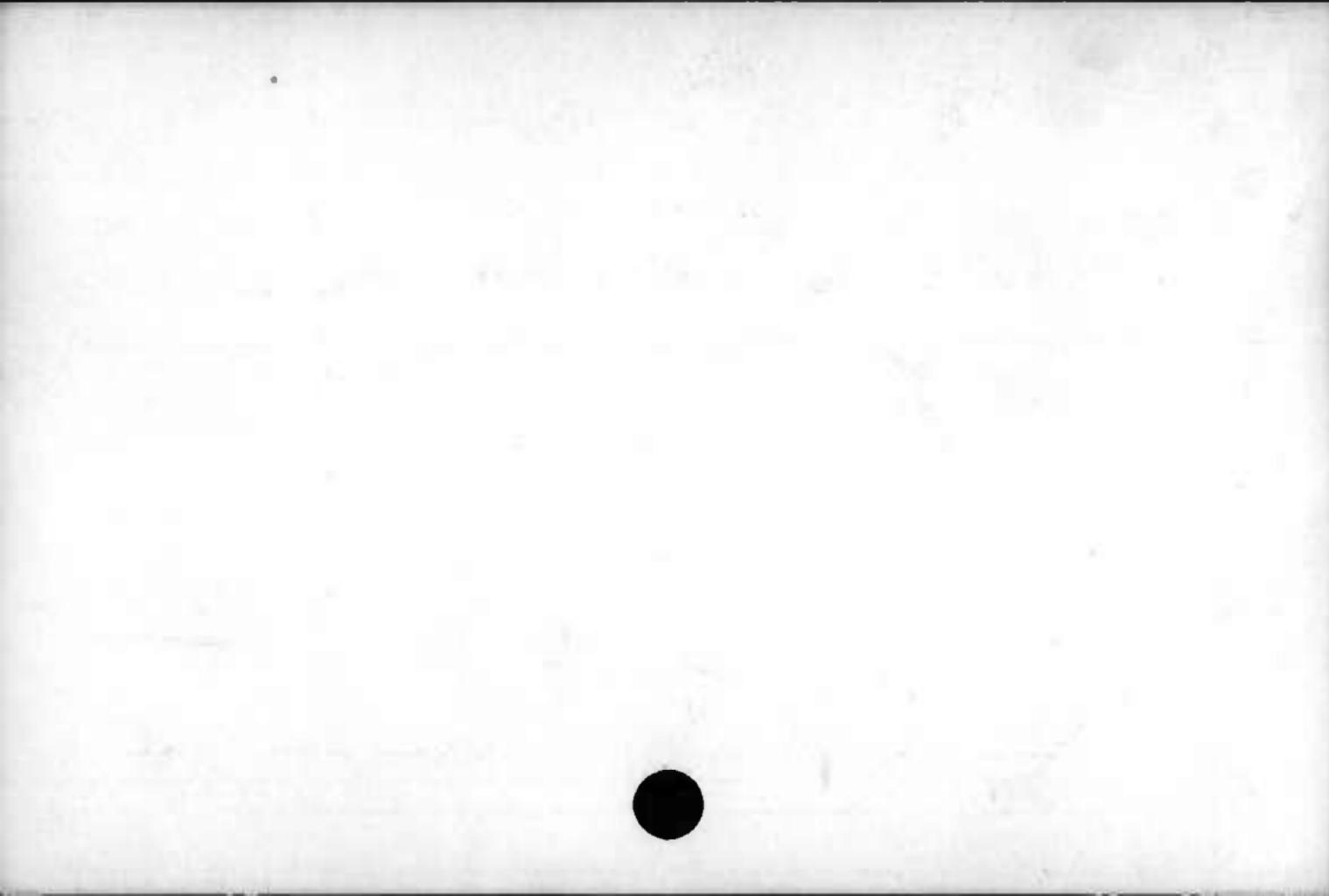
Signature of Physician

Address

E. Gordon Wall M.D.

West Arlington, Md.

Accident or Suicide?



Name
in
Full

Teresa Heckman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Middle River		Town Baileys		County		MARYLAND	
Date of death 1903	Month apr	Day 8	Age 76	Years	Months 5	Days 1	
Sex Female	Color or Race white			Birth-place Germany			
Married, Single or Widowed widow	Occupation Labor						
Name of Wife or Husband —							
Father's Name —					Father's Birthplace —		
Mother's Maiden Name —					Mother's Birthplace —		
Name of person giving information Chas Mann Toltz					How related to deceased none		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastritis

How long

Always on gas

Immediate

asthma

10

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

76

Signature of Physician

Address

John W. Stannan
San Officer W. Dist.

Accident or Suicide



Mrs Ella

Town

Cheswick

Frederick

County

Baltimore

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Date 1903

April 2)

Age 44-

Widow

mr

Divorced

Occupation

Housewife

5

Male

White

Married

Widow

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Edward Frederick

James Hudson

Mother's

Maiden Name

Jeremiah Hudson

Ella Hudson

How long sick

6 weeks

Accident, Suicide, Homicide

Dr W R Dawson

Cockeysville Baltimore MD



Name
in
Full

Jessie Roby Henkle

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 4	Day 14	Years 41	Months	Days
Sex Male	Color or Race white	Occupation Farmer			
Married, Single or Widowed single				Father's Birthplace	
Name of Wife or Husband				Mother's Birthplace	Med
Father's Name				How related to deceased	Brother
Mother's Maiden Name	Margaret Jones 199				
Name of person giving Information	William Henkle				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

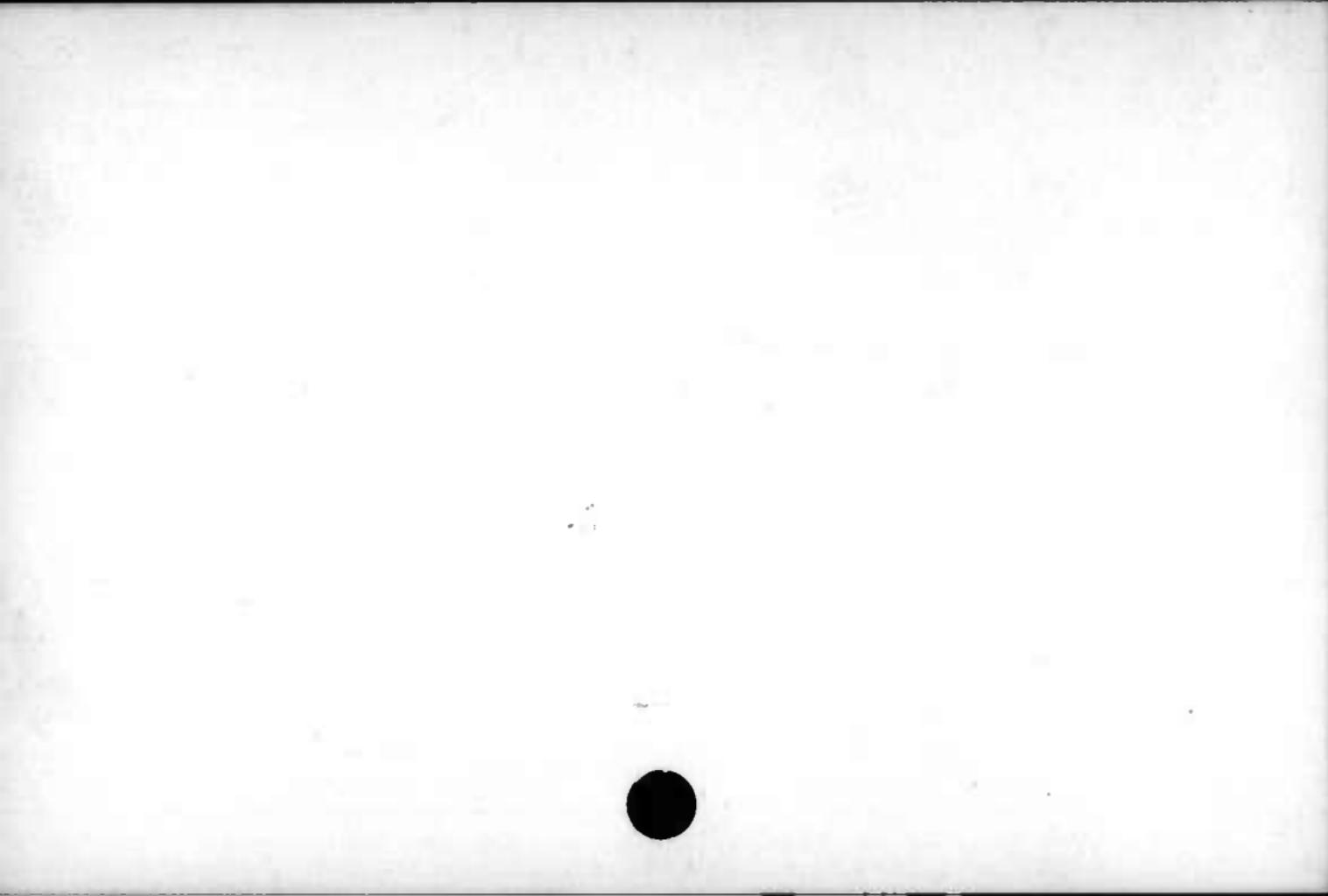
Yes

Signature of
Physician

Address

Jacob Wilson M.D.
Finksburg Md

Accident or Suicide?



Name
in
Full

Catherine Mary Hennsicc

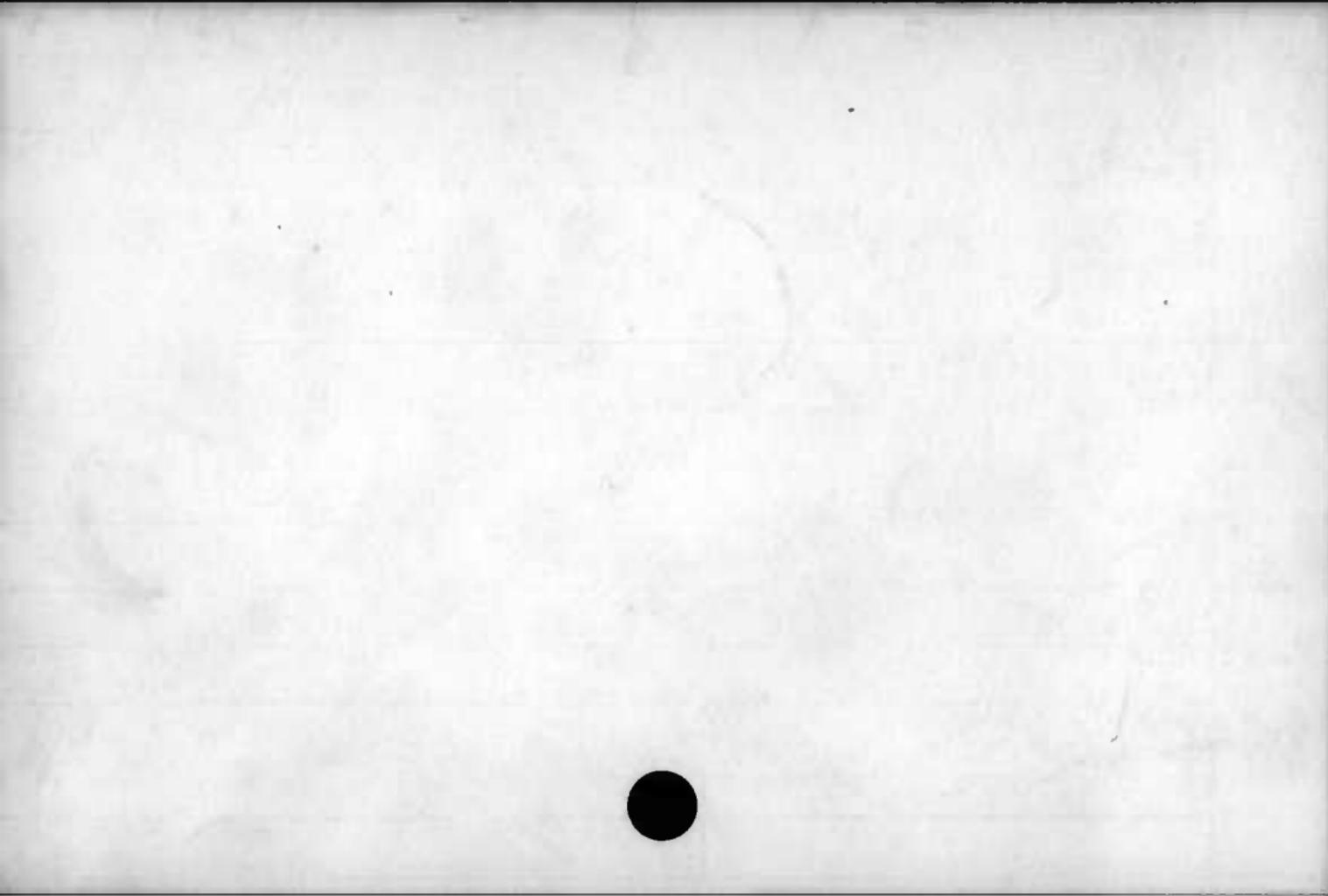
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dickeyville</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>April</u>	Day <u>4</u>	Years <u>45</u>	Months <u>4</u>	Days <u>11</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Dickeyville Ma</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Houswife</u>				
Name of Wife or Husband <u>Michael Hennsicc</u>					
Father's Name <u>Michael Doyle</u>	Father's Birthplace <u>Ireland</u>				
Mother's Maiden Name <u>Alice Burns</u>	Mother's Birthplace <u>Ireland</u>				
Name of person giving Information <u>Michael Hennsicc</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

Primary	<u>Phtisis Pulmonalis</u>		How long	<u>4 months</u>
Immediate	<u>Cardiac Asthema</u>		How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>J. C. Monmonier M.D.</u>	
		Address	<u>Dickeyville Ma</u>	
Accident or Suicide? <u>X</u>				



Name
in
Full

Annie T. Hiller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at	Town	County	
Daguerreianum		Beth.	
Date of death 1903	Month April	Years 81	Months
Sex Female	Color or Race White	Occupation	Days
Married, Single or Widowed			
Name of Wife or Husband			
Father's Name		Father's Birthplace	U. S.
Mother's Maiden Name		Mother's Birthplace	11 11
Name of person giving information	✓	How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis How long

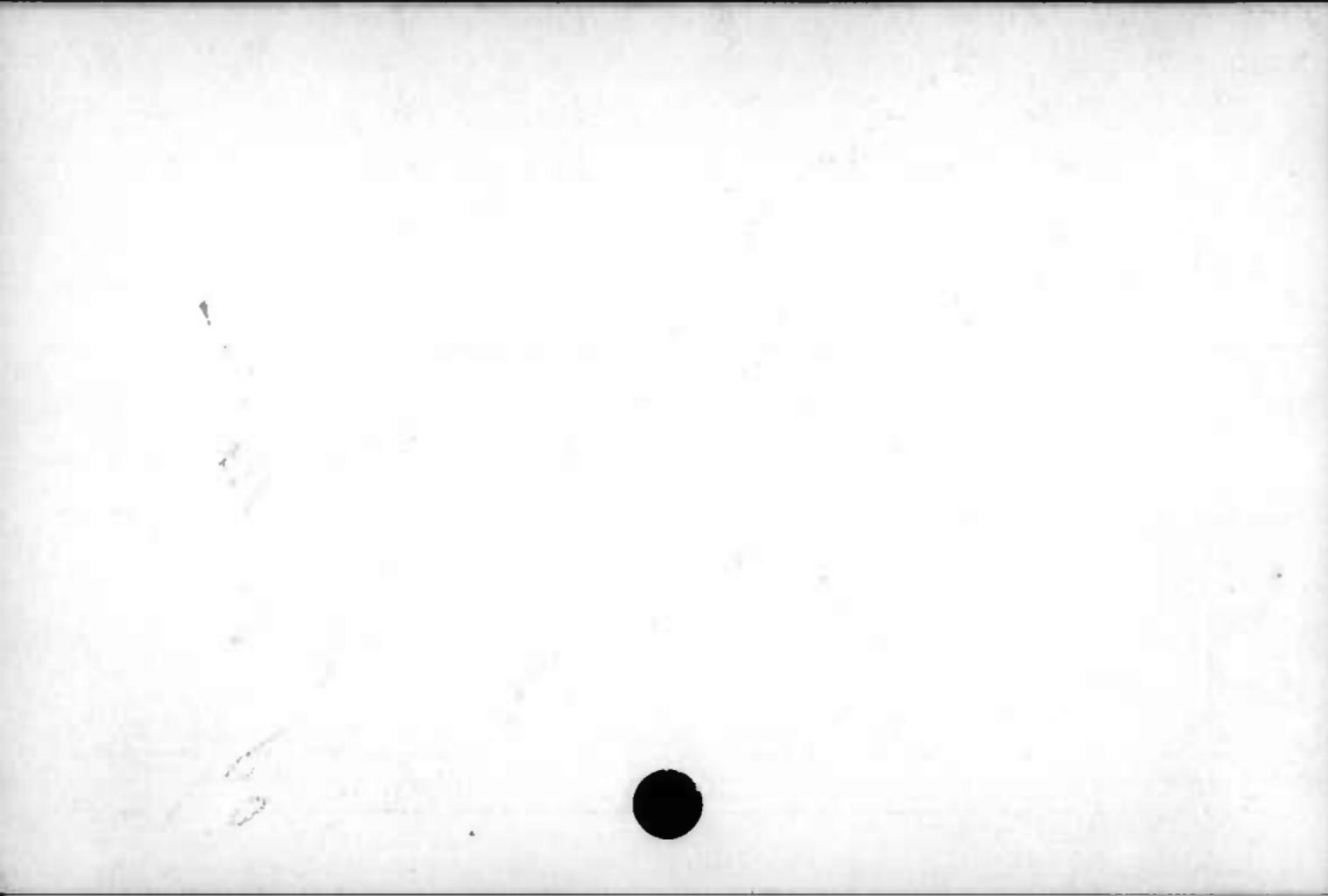
Immediate Phantasma How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

L. Bryant Hill

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	town <i>Baltimore</i>	County <i>Baltimore</i>	MARYLAND		
Date of death 1903	Month <i>April</i>	Day <i>21</i>	Age <i>32</i>	Years	Months Days
Sex <i>Male</i>	Color or Race <i>White</i>				Birth- place <i>Baltimore</i>
Married, Single or Widowed <i>Married</i>			Occupation <i>Saleman</i>		
Name of Wife or Husband <i>May E Hill</i>					
Father's Name <i>William B. Eggle</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>May Rutter</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving Information <i>Harry McDermus</i>			How related to deceased <i>Brother to son</i>		

CAUSES OF DEATH

Primary	<i>Nervous Prostration</i>	How long
Immediate	<i>Suicide.</i>	163
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>William B. Eggle</i>
		Address <i>Coroner Baltimore Md</i>
Murder or Suicide?		

Stewart & Mowen
Baltimore!

Name
in
Full

Sam'l. A. Hesser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month 4	Day 28	Years 38	Age	Months	Days	
Sex <u>m</u>	Color or Race	white		Birth- place	Md.		
Married, Single <u>W</u>		Occupation		Blacksmith			
Name of Wife or Husband							
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving Information			How related to deceased				

Woodward M.D.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

How long

20 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

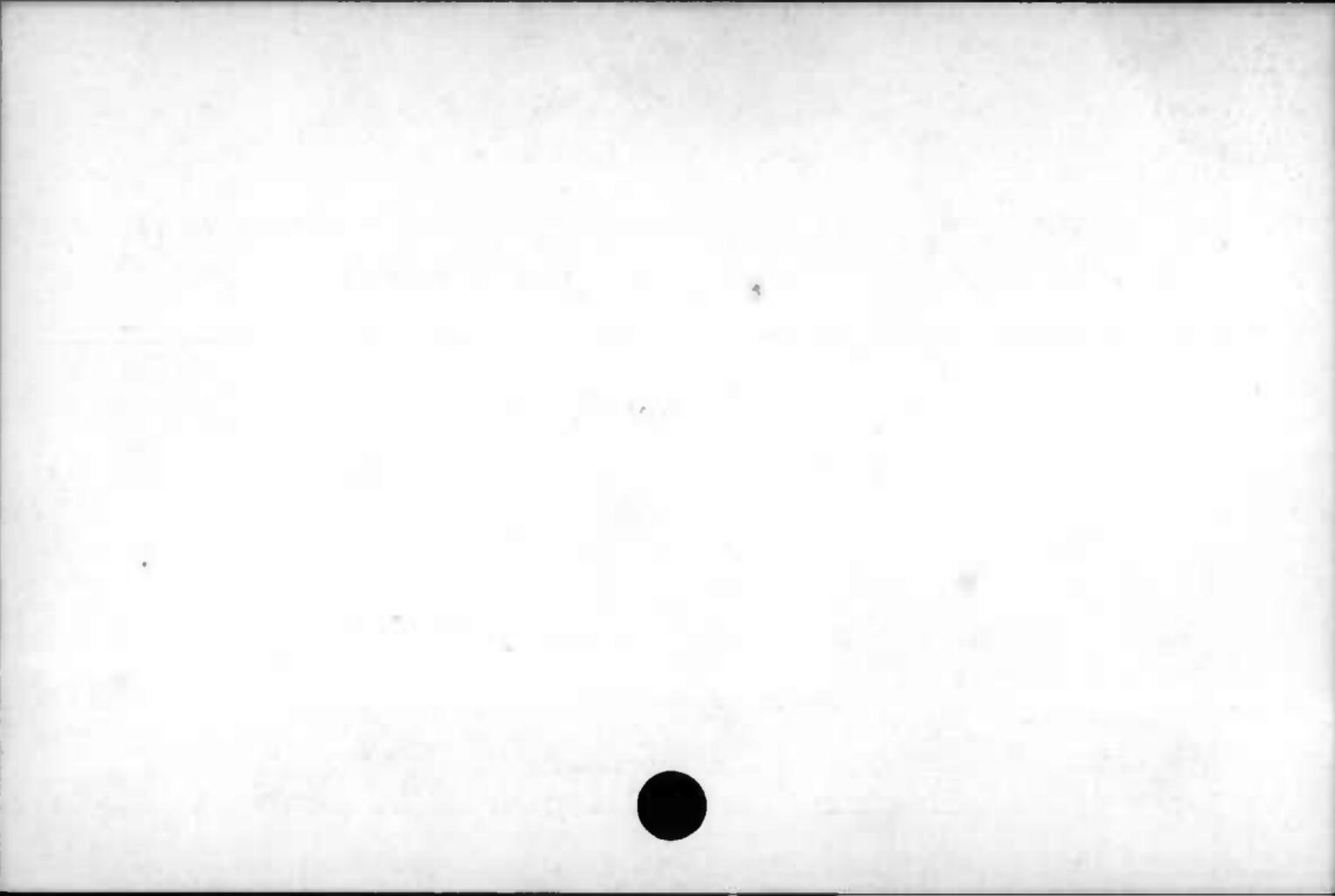
yes

Signature of
Physician

Address

Woodward, MD
Barrows Point, Md.

Accident or Suicide?



Name
in
Full

Mrs Jane Kelly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	Balto - Balto Retreat	County	MARYLAND	
Date of death 1903	Month 4 " "	Day 17	Years Age 63	Months _____ Days _____
Sex Female	Color or Race	White	Birthplace	Inland -
Married, Single or Widowed	Occupation	Widow - Housekeeper - Widow -		
Name of Wife or Husband				
Father's Name	68		Father's Birthplace	Inland
Mother's Maiden Name			Mother's Birthplace	Inland -
Name of person giving Information	Records of Mt. Hope Retreat			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Melancholia - Post La Grippe

How long

Since Jan 15 - 1903

Immediate

Ex-Pul Congestion -

How long

4 days -

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

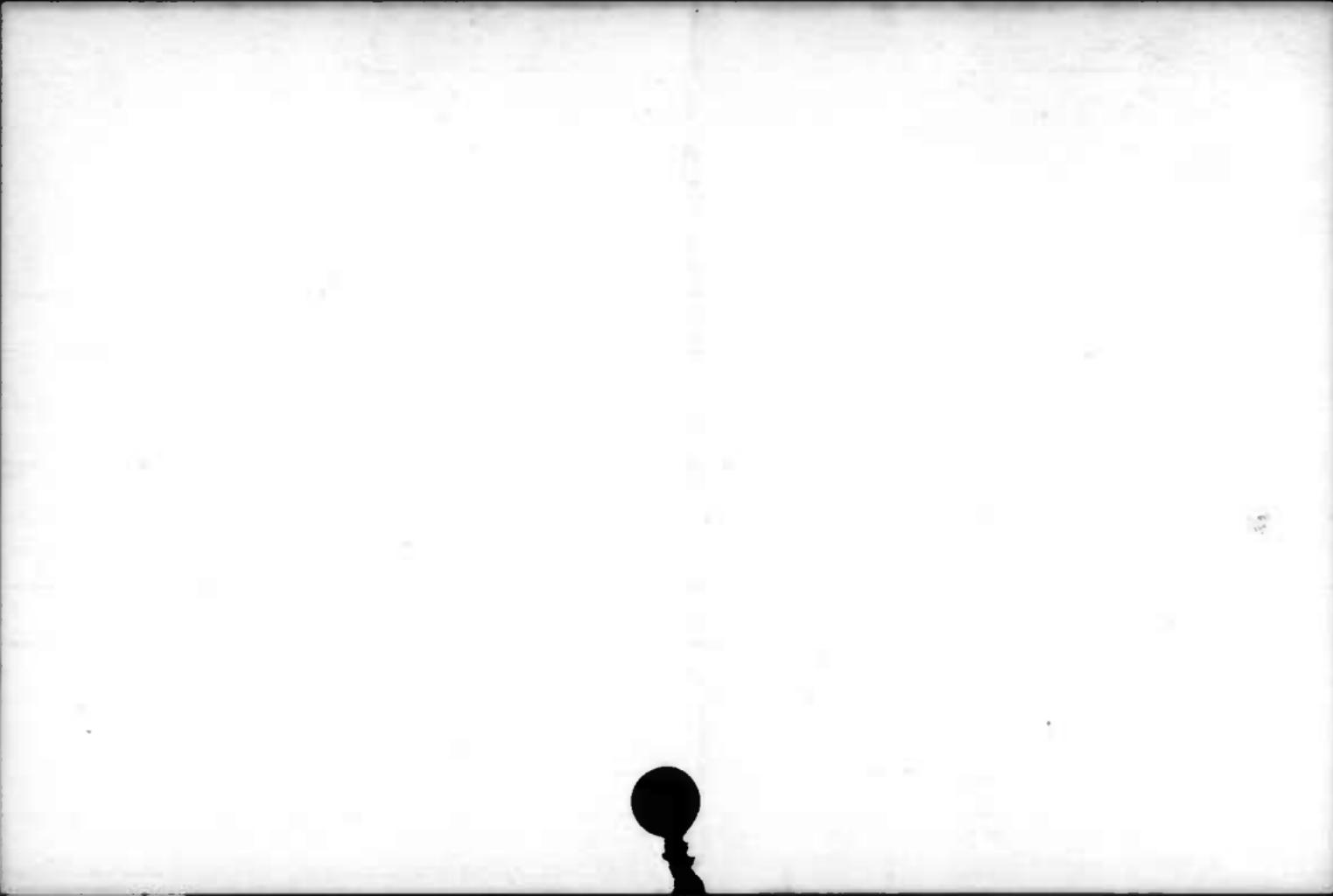
Address

Frank J. Flannery

Mt. Hope Retreat

Mt. Hope Md.

Accident or Suicide?



Stevenson Arthur Knox

Town

Lauraville

County

Baltimore

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

April 22

Age 26

Clark

Male

White

Married

Widow

Divorced

Female

male

Single

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Chas H. Knox

Mother's

Maiden Name

Susan R. Erdman

Cause of

Primary

Blood Poisoning

How long sick

Death

Immediate

One year & two months

Accident, Suicide, Homicide

Reported by

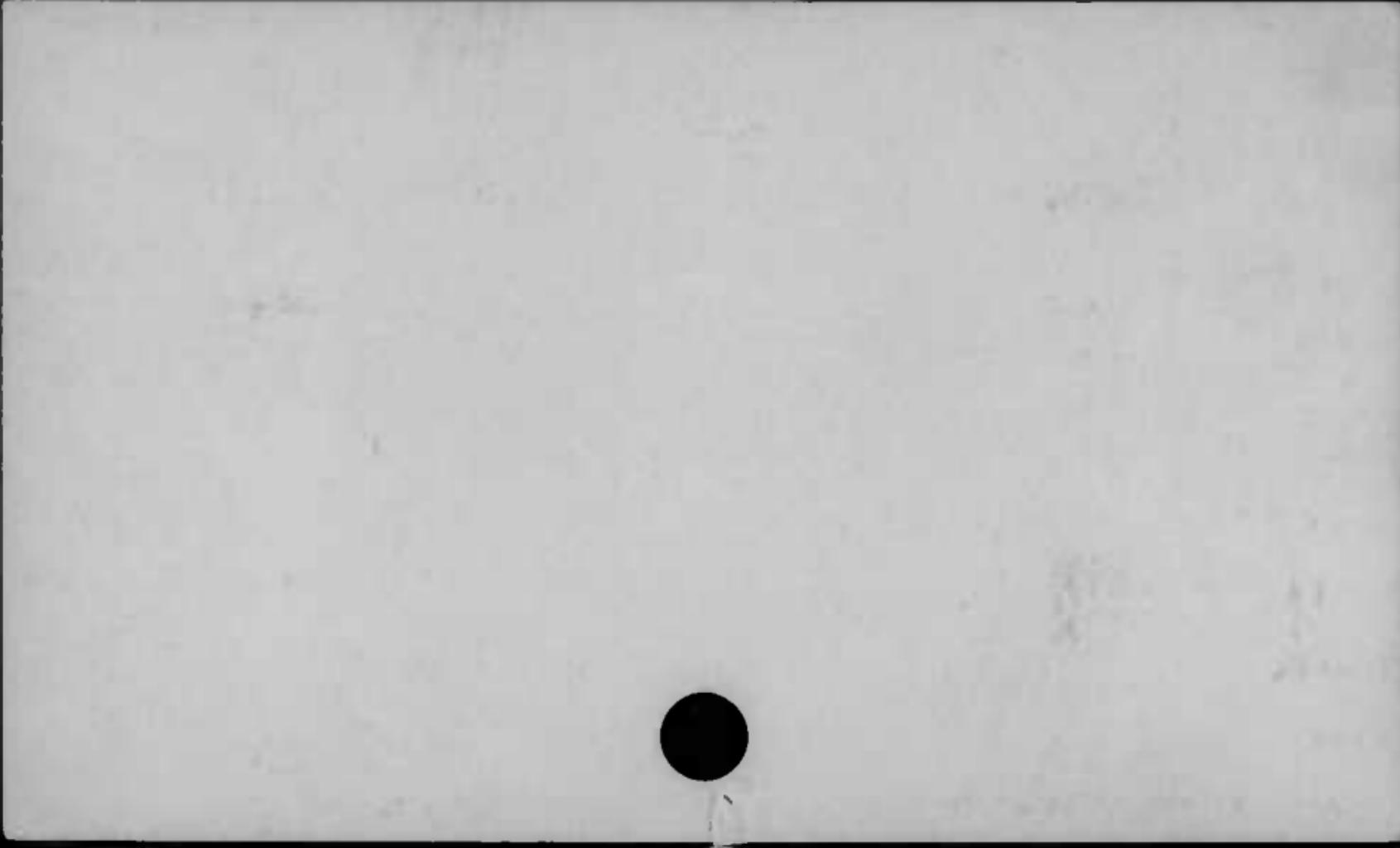
Rev. Jesse V. Morris

Heir(s)

Address

Harford & Lake Ave. Baltimore, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Gertrude Lambert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 190	3	Month April	Day 15	Age 1 Years	Months 4	Days —
Sex Female	Color or Race	White		Birth-place	Baltimore, Md.	
Married Single or Widowed	Occupation			nurse		
Name of Wife or Husband						
Father's Name	John P. Lambert			Father's Birthplace	Ind	
Mother's Maiden Name	Ella Gorgory			Mother's Birthplace	Md.	
Name of person giving Information	John P. Lambert			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia AB

How long

8 Days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

C. K. Jones, M.D.
1202 Argyle Ave
Baltimore, Md.

Accident or Suicide?

Burial at Cook

Lorraine Cem

Name
in
Full

Zora Emma Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Female	Color or Race	African	Birth-place	Pa. near Cornellville
Married, Single or Widowed	Single		Occupation	Housewife	
Name of Wife or Husband					
Father's Name	Lafayette Lewis				
Mother's Maiden Name	Rebecca Lewis				
Name of person giving information	Edward Grunley				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Phtisis

How long

six months

Immediate

Phtisis

How long

six months

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Granville, Pa.
Shawgatston
York Co., Pa.

Accident or Suicide?



Name
in
Full

Lucy F. Limerick Batt

45

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month April	Day 24	Years 60 Months 2 Days 4
Sex Female	Color or Race white	Birth-place Virginia	
Married, Single or Widowed	Occupation	Housewife	
Name of Wife or Husband	Chas. P. Limerick		
Father's Name	Chas. Robinson		
Mother's Maiden Name	Eliza Chilton		
Name of person giving information	John H. Taylor Son in law		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long
Immediate	Pneumonia	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		J. S. Green Gittings, P.O. Balto Co Md.



Name
in
Full

Paul James Manner

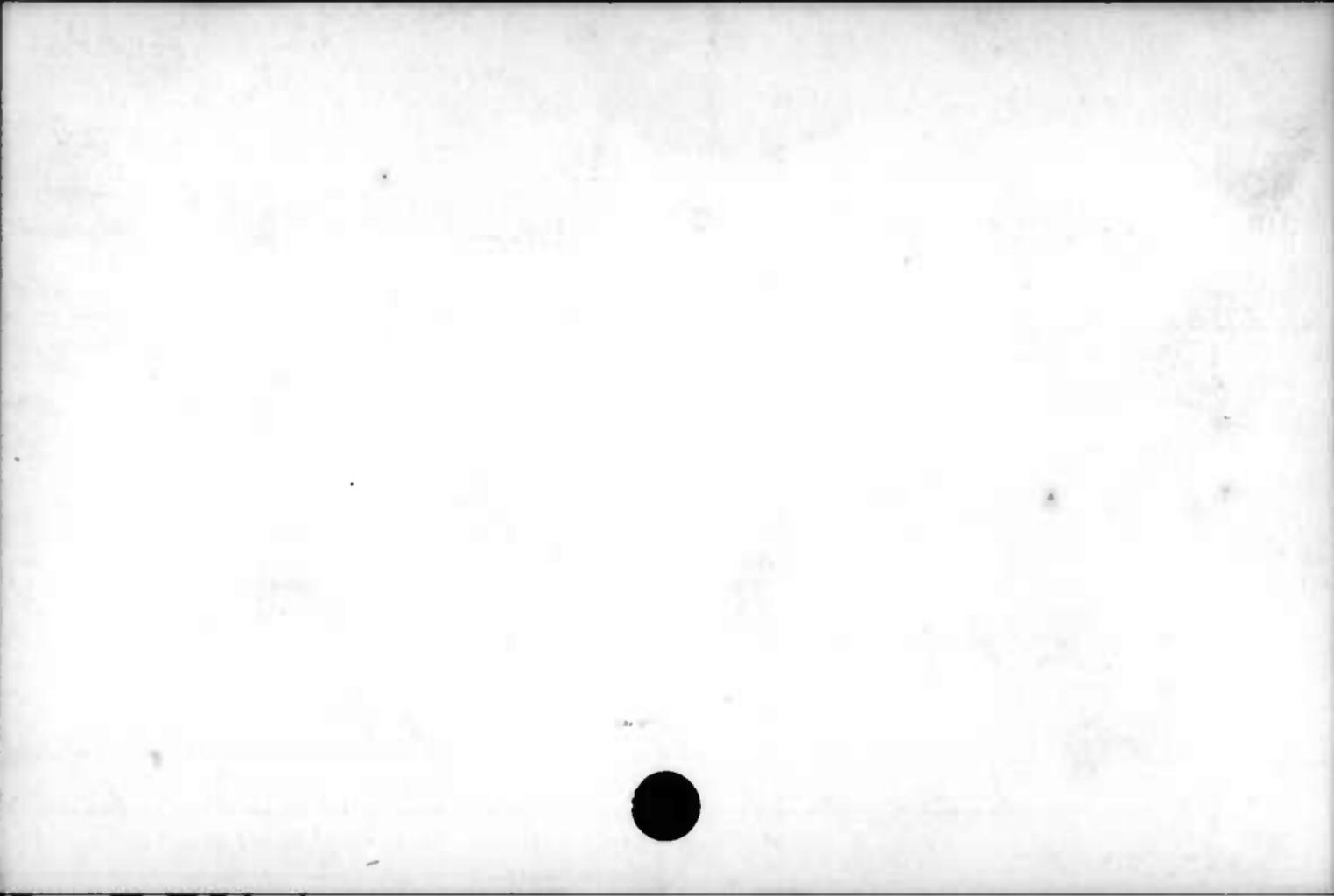
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month April	Day 24	Years 15	Months 11	Days 6	
Sex Male	Color or Race White	Birth-place Baltimore				
Married, Single or Widowed Single	Occupation Private of Asylum for Feeble Mind					
Name of Wife or Husband						
Father's Name Albert Manner	69	Father's Birthplace				
Mother's Maiden Name Emma Manner		Mother's Birthplace				
Name of person giving information	Frank Keating M.D.	How related to deceased		None		
CAUSES OF DEATH						
Primary	Epilepsy			How long from Epilepsy		
Immediate	"Status Epilepticus" & Exhaustion			How long Two days		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
Yes				Address		
Accident or Suicide? No						

PHYSICIAN
OR CORONER

Frank Keating M.D.
Avings Miles
Maryland



Name
in
Full

Jarrett Miller

CERTIFICATE OF DEATH

Died at

Town

County

Baltimore Co. Almshouse

MARYLAND

Date
of death 190

Month

Day

Years

Months

Days

3

4

13

Age 55

Sex

Male

Color or
Race

Negro

Birth-
place

Baltimore Co. Md.

Married, Single
or Widowed

Do not know

Occupation

Book

TO BE ANSWERED BY

NEAREST FRIEND

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

Locomotor Ataxia

How long

about 6 mos.

How long

Immediate

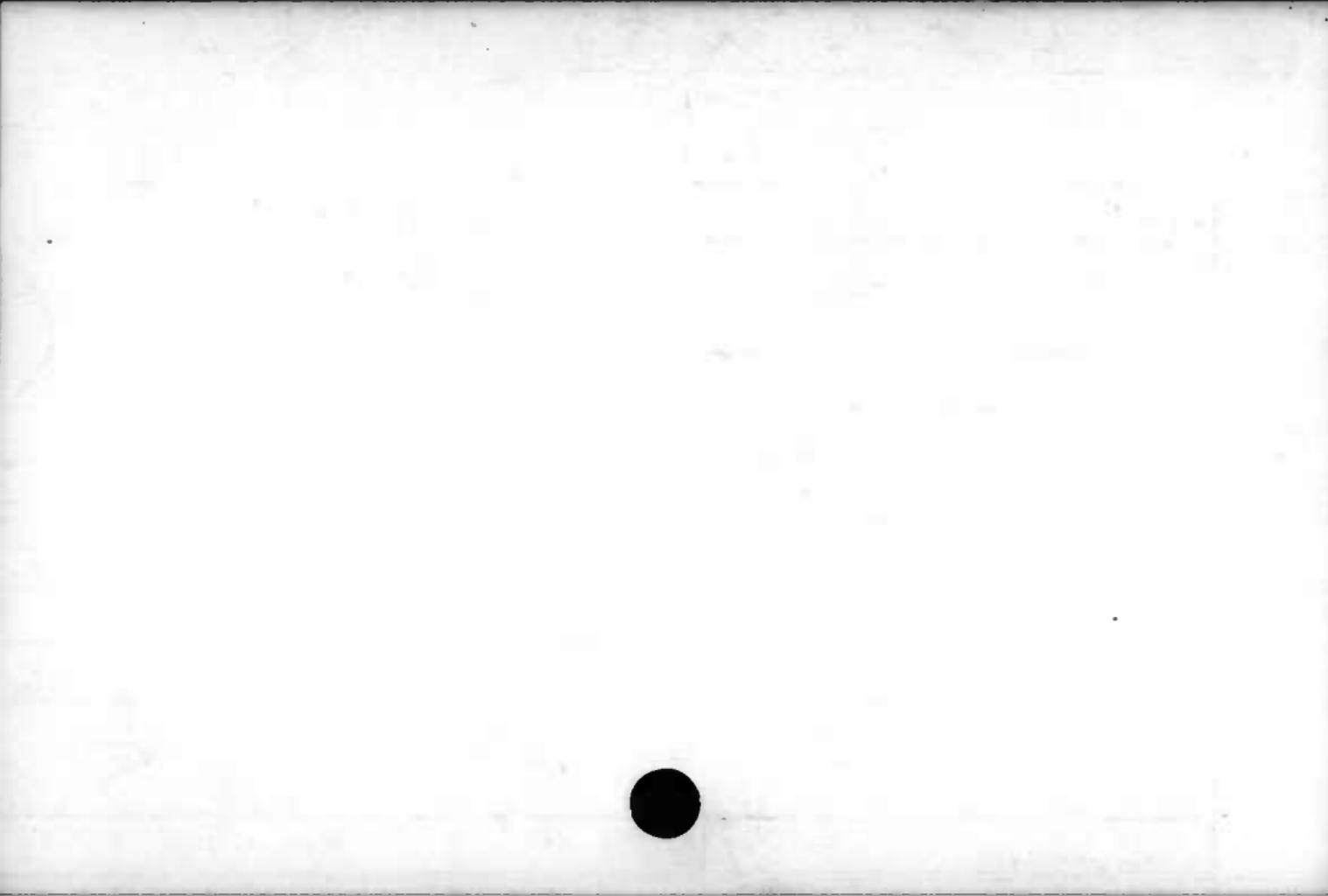
Dr. Phoebe Bussey
Texas
Md.

Signature of
Physician

Address

Are the name, age, sex, color, date
and place correctly given above?

Accident or Suicide?



Name
in
Full

Robert L. Monroe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 190	Month	Day	Years	Months Days
Sex	Male	Color or Race	Age	Birth- place
Married, Single or Widowed			Occupation	
Name of Wife or Husband				
Father's Name	Robert E. Monroe		Father's Birthplace	Md.
Mother's Maiden Name			Mother's Birthplace	
Name of person giving Information	J. Hernig & Son		How related to deceased	none

CAUSES OF DEATH

Primary	Diphtheria	as	How long	4 wks
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J.W. Garuther M.D.	
		Address	2229 E. Balt St.	
Accident or Suicide?				

J Herrig & Son
Evergreen Cemetery

Name
in
Full

Mary Myres
Balgo. Co. Armshouse

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death 1903	Month 4	Day 13	Age 61	Months	Days
Sex Female	Color or Race	white	Occupation	Birth- place	Md.
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Appoplexy
Paralysis

How long

Immediate

How long

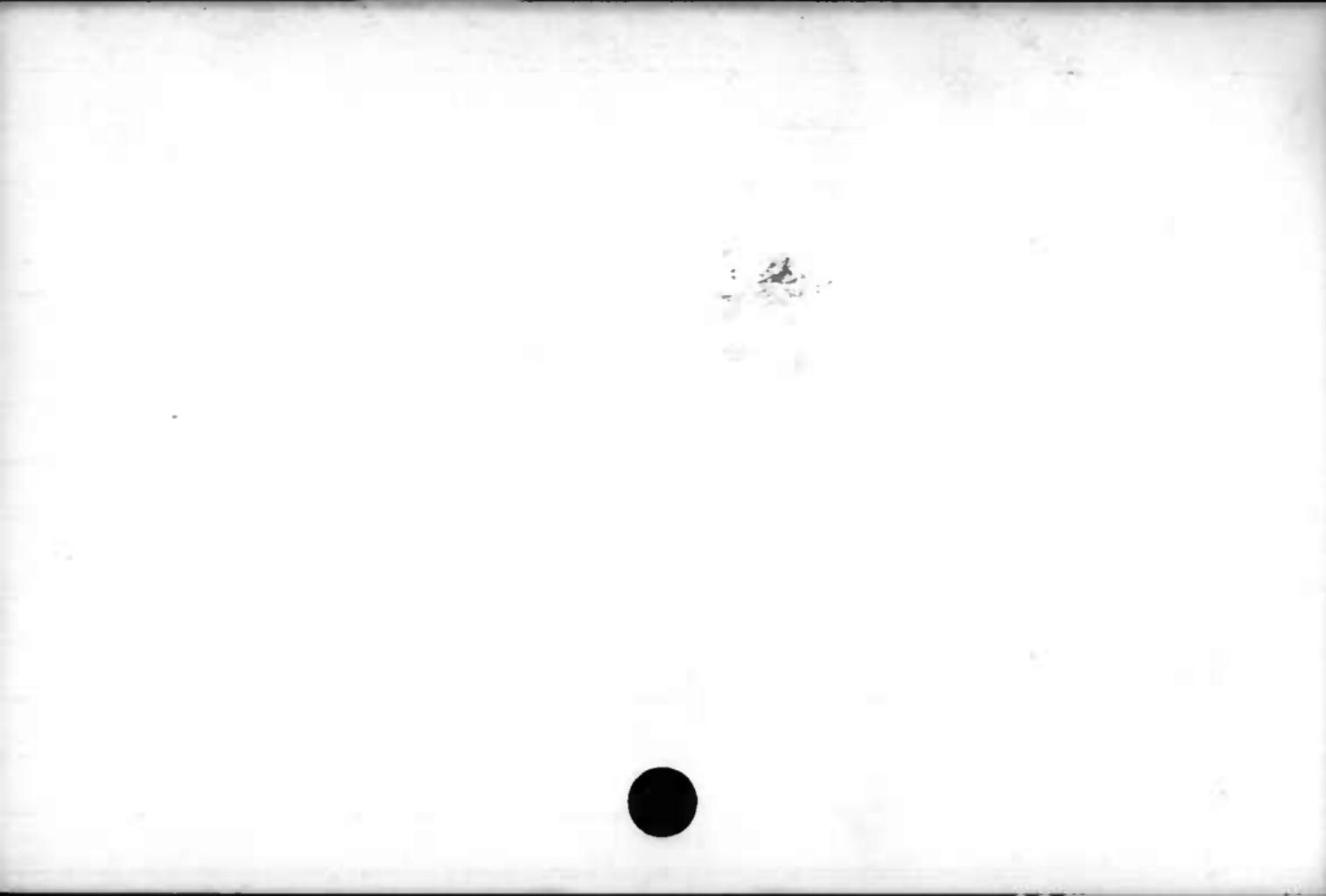
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr. Phos. C. Buesey
Texas
Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Joseph Nichols

CERTIFICATE OF DEATH

Died at <u>Upper Falls</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death 1903	Month 4	Day 28	Age 74	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>					Birth- place <u>Ireland</u>
Married, Sing. or Widowed <u>Married</u>	Occupation					
Name of Wife or Husband <u>Agnes Nichols</u>						
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving Information <u>James Nichols</u>						How related to deceased <u>Son</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis, Abdominal 29

How long

3 years

Immediate

Diarrhoea, Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

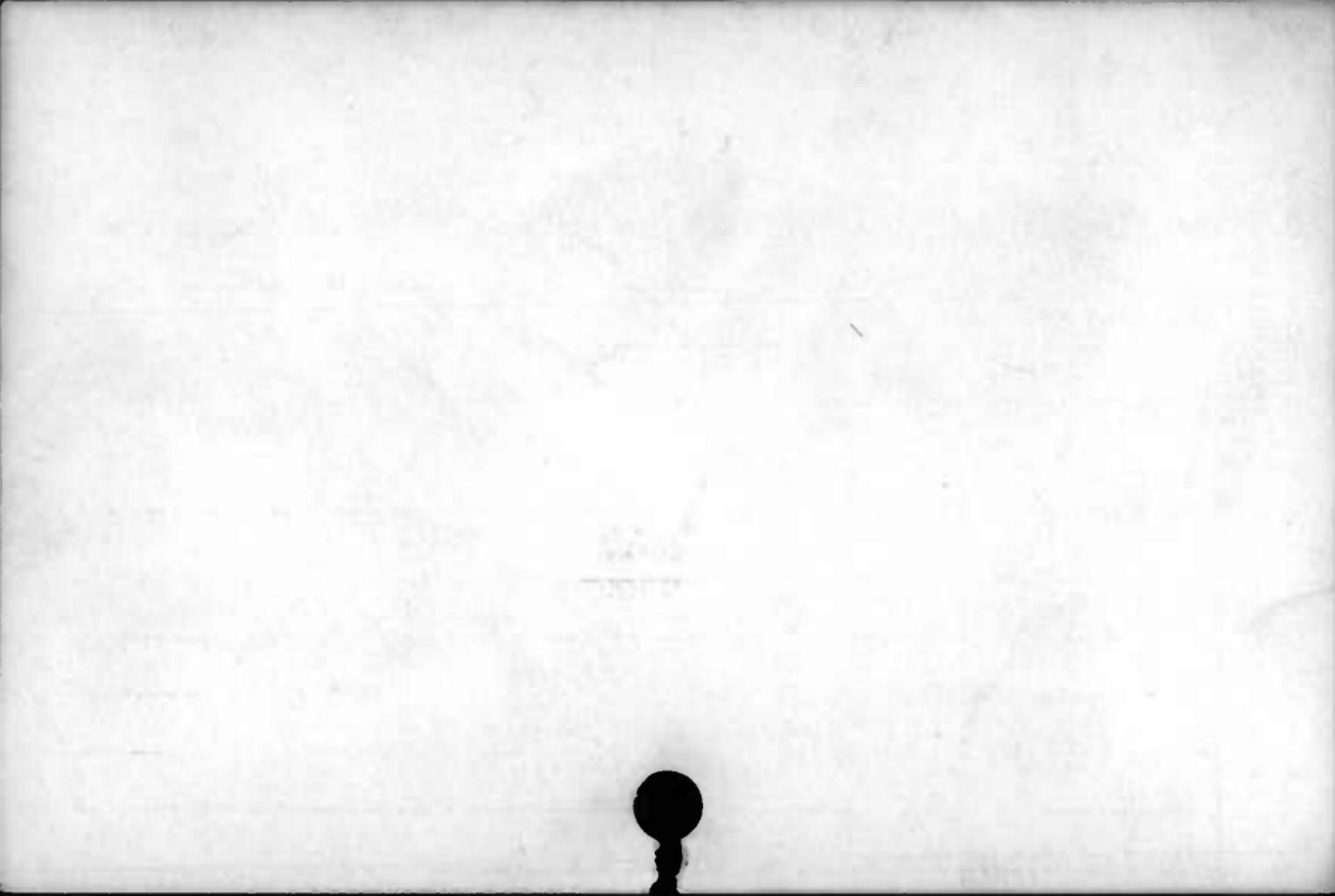
Address

E.W. Miller

Upper Falls

Md

Accident or Suicide?



Name in Full

Certificate of Death

James Joseph O'Neil.

Died at
Town

County

MARYLAND

Baltimore City

Date 1903.	Month April	Day 27	Age 55	Y. M. D.	Name of	Occupation
				Widow	Eckala	U.S. Inspector
Male	White	Married		Divorced		Customs,
Female	Colored	Single		Widower	Number of children living	

Husband of Mary Byrnes O'Neil.
 Wife

Father's Name

Mother's Name

104²

Cause of	Primary Nervous Prostration	How long sick -
		2 m.
Death	Immediate Acute Indigestion 1/2 hr.	Accident, Suicide, Homicide

Reported by

Geo W. Horning M.D.,
 1st & 8th City, York Road Bridge,
 Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elon rural Paff.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month 4	Day 28	Age —	—	Months	Days 25
Sex female	Color or Race white	Birth-place		Trump		
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	Adam Paff			Father's Birthplace	Germany	
Mother's Maiden Name	Belinda Tracy			Mother's Birthplace	Md.	
Name of person giving information	Belinda Paff.			How related to deceased	mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature Birth	How long	—
Immediate	Cyanosis	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Wmillard Stirling
		Address	Shane
Accident or Suicide?		Yes	



Leonard Parks

Town

Timonium

County

Baltimore

MARYLAND

Died at

Date 1808

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age
Married

1

-

-

Md

Female

Colored

Single

Widow

Widower

Divorced

Number of children living

Husband of

Wife

Father's Name

J. F. Parks

Mother's Maiden Name

Mrs. Wm. Conley

How long sick

Cause of Death

Primary

Immediate

Diphtheria

Pneumonia
and Laryngitis

2 weeks

Accident, Suicide, Homicide

Reported by

D. F. Bunn M. D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

To be buried at
Mays. chafell
April 17.

= 9-ite

Name
in
Full

Muriel Pierce

391

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1905	Month 11	Day 28	Years 2	Months -	Days -
Sex Female	Color or Race white	Birth-place Rockland			
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Warfield Pierce		Father's Birthplace	Baltimore Co	
Mother's Maiden Name	Muriel Pierce		Mother's Birthplace	Baltimore Co	
Name of person giving information	Warfield Pierce		How related to deceased	Father	

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary

Accidental drowning

How long

Immediate

Suspect held by J. H. Werner, J.P.

How long

Are the name, age, sex, color, date and place correctly given above?

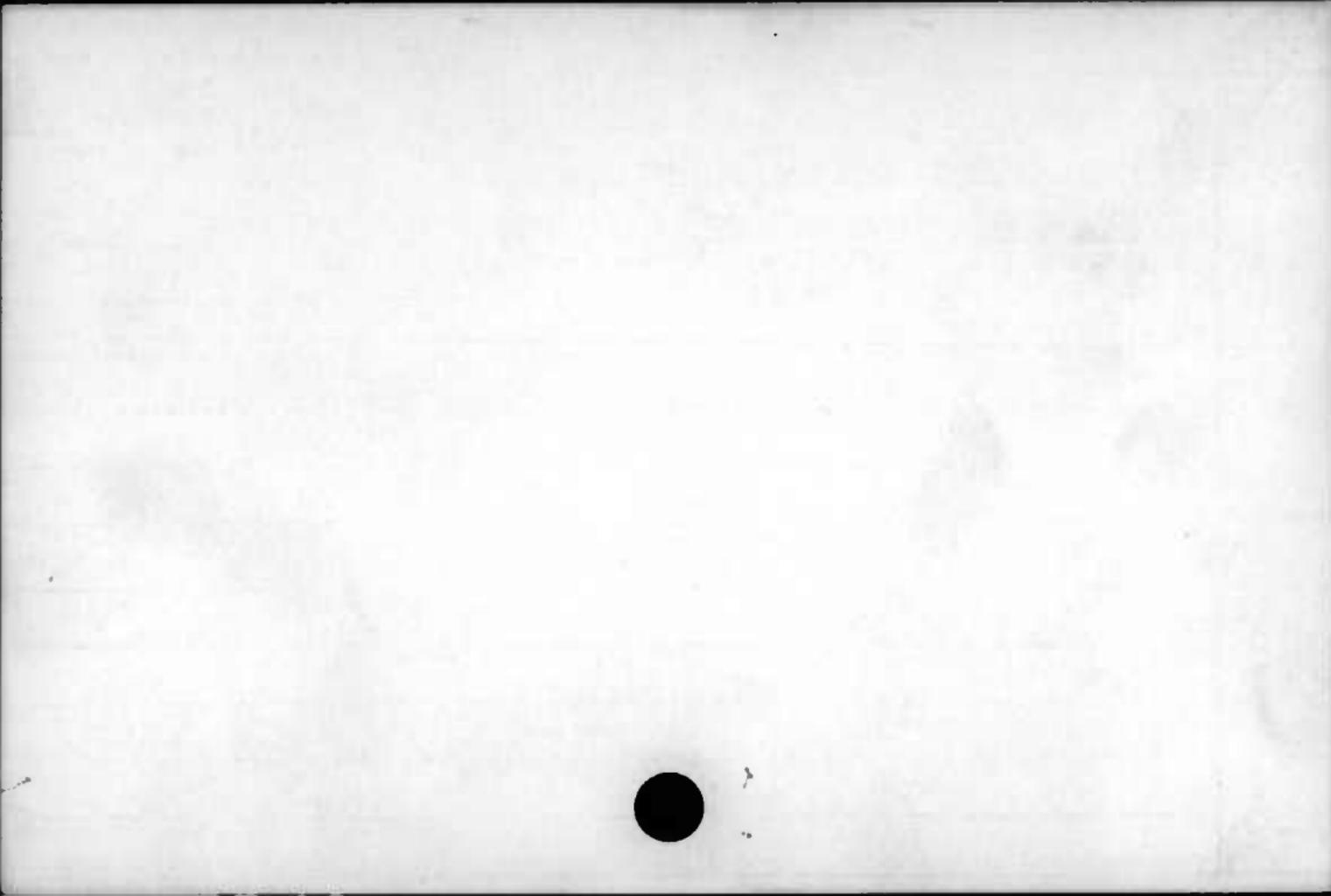
Yes

Signature of Physician

Address

William J. Freedman
Mt Washington Md

Accident or Suicide?



Name
in
Full

Mona Pierce

34th Boro

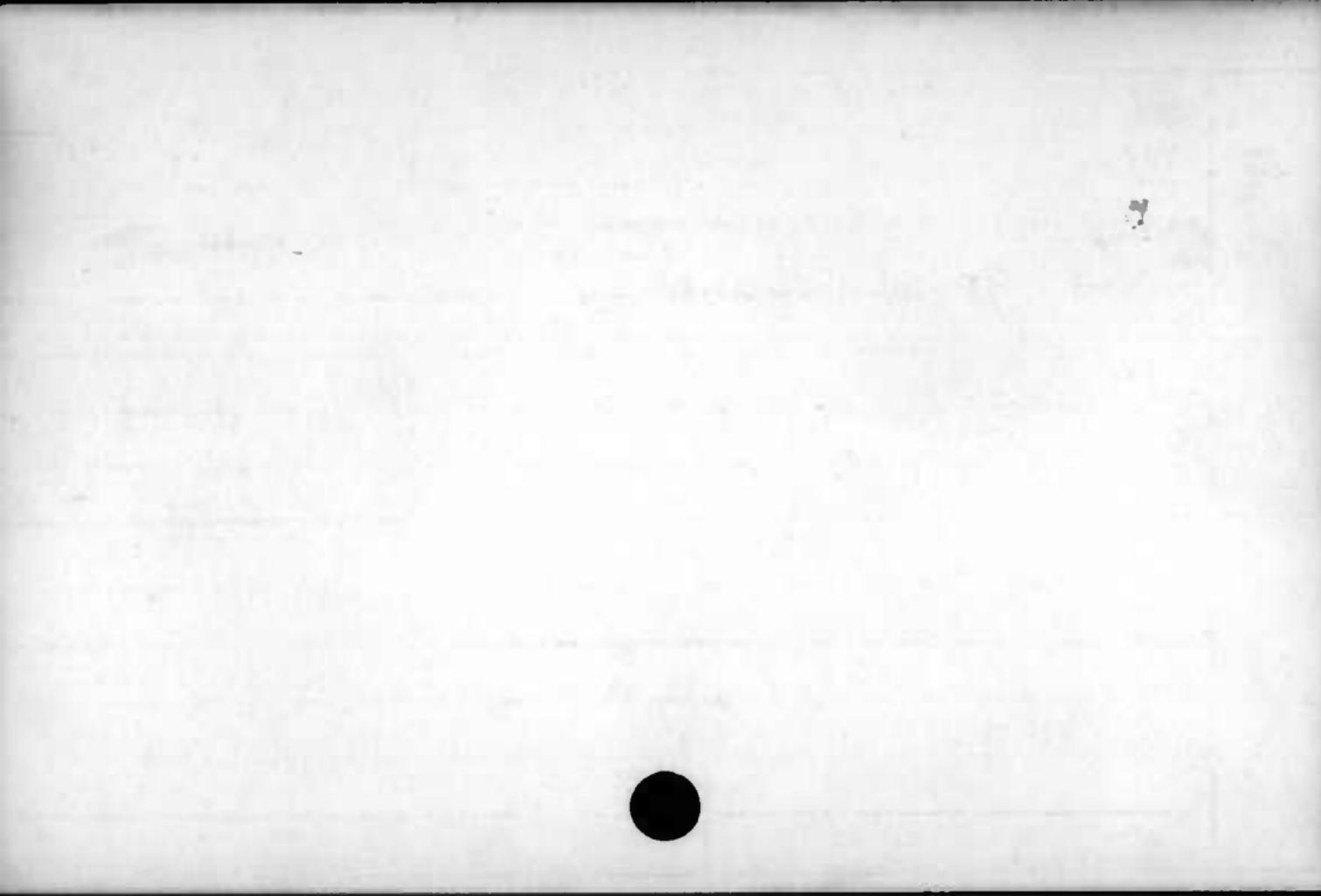
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockland</i>		Town <i>Baltimore</i>	County <i>Baltimore</i>		MARYLAND		
Date of death 1908	Month 4	Day 28	Age 3	Years	Months	Days	
Sex Female	Color or Race <i>white</i>			Birth- place <i>Rockland</i>			
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Warfield Pierce</i>			Father's Birthplace <i>Baltimore Co</i>				
Mother's Maiden Name <i>Minnie Pierce</i>			Mother's Birthplace <i>Baltimore Co</i>				
Name of person giving Information <i>Warfield Pierce</i>			How related to deceased <i>Sister</i>				

CAUSES OF DEATH

Primary <i>Aquiductal drowning</i>	How long
Immediate <i>Auguested head by J. H. Bergman J.C.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William J. Ford</i>
	Address <i>Mr. Washington D.C.</i>
Accident or Suicide?	





Name
in
Full

~~John~~ Geo. Reese

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Age	Years	Months Days
Sex male	Color or Race	white	Birth-place	Maryland	
Married, Single or Widowed	Occupation	Single Tailor			
Name of Wife or Husband	None				
Father's Name	Chas. Reese				
Mother's Maiden Name	Germany				
Name of person giving Information	Dutch Lueken				
CAUSES OF DEATH					
Primary	Acute Phthisis			How long	
Immediate	Acute Phthisis			6 months	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Geo F Corse MD		
		Address	Gardenside MD		
Accident or Suicide?					

St Joseph
Cemetery

Died at

Baltimore

Town

County

MARYLAND

Date 189

1903

Month

Day

Y.

M.

D.

Native of

Age
White

Married

Widow

Occupation

Poultry

Colored

Single

Widower

Divorced

Number of children living

2

Female

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Mother's

Name

How long sick

7 days

Accident, Suicide, Homicide

Reported by

Address

Caroline

E. 15 Tom

Betty

Lard

STV

~~Private Cemetery
Grove Place~~
~~Christian Miller~~
~~Undertaker~~
~~233 + Jefferson St~~

Name in Full

John Riley

Certificate of Death

Town County
 Died at Near Hereford Baltimore MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
<u>Near Hereford</u>	<u>1903</u>	<u>Apr</u>	<u>30th</u>	<u>92</u>	<u>- -</u>	<u>Baltimore</u>	<u>Labourer</u>
Male	White	Age	92	Married	Widow	Widower	Number of children living
Female	Colored			Single			6

Husband of Jane Riley
 Father of Emory Riley Son
 Name of Person giving information ^{Mother's} Name Emory Riley

Cause of Death	Primary	Senile Decay	How long sick
Death	Immediate	Gangrene	8 weeks

Reported by Dr S. W. Hunter Accident Suicide, Homicide

Address Parkton Ball Co Me.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

James Robinson				CERTIFICATE OF DEATH			
Died at	Town	County					
Died at	Bethelville	Baltimore					
Date of death 1903	Month 4	Day 27	Years 55	Months 1	Days 15	MARYLAND	
Sex male	Color or Race white	Occupation Blacksmith					
Married, Single or Widowed married							
Name of Wife or Husband Mary Robinson							
Father's Name Daniel Robinson	Father's Birthplace						
Mother's Maiden Name Margaret Robinson	Mother's Birthplace						
Name of person giving Information May Robinson	How related to deceased wife						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long about a year
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	(J. F. Burrey M.D.)	
	Address	Texas M.D.	
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Robert Rudiger Jr.

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Towson

Baltimore

Date

of death 190

Month

3

Day

30

Years

0

Months

1

Days

18

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Married Single
or Widowed

Occupation

Infant

Name of Wife or
Husband

Father's
Name

Julius J. Rudiger Jr.

Father's
Birthplace

Mother's
Maiden Name

Katje Schneider

Mother's
Birthplace

Name of person giving
Information

Julius Rudiger

How related
to deceased

Father

CAUSES OF DEATH

Primary

Convulsions

How long

6 hours

Immediate

Cardiac asthma

How long

20 minutes

Are the name, age, sex, color, date
and place correctly given above?

yes

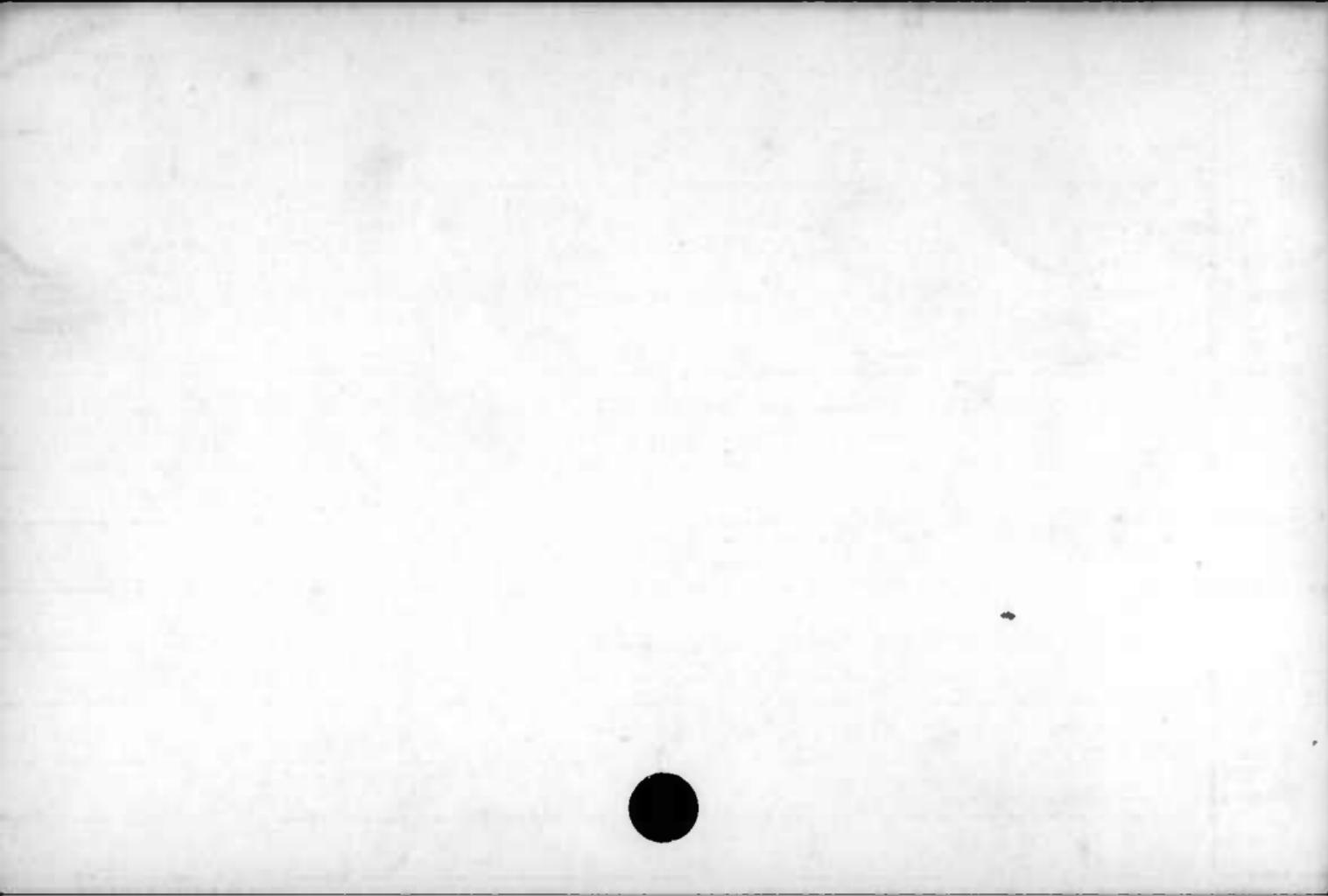
Signature of
Physician

L. Royston Green M.D.

Address

Towson Md.

Accident or Suicide?



Name
in
Full

Jacob F. Sanders

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
3	4	28	Age 65	"	"
Sex	Color or Race	Occupation	Birth-place		
Male	White	Gardener	Germany		
Married, Single or Widowed					
Name of Wife or Husband	Catherine				
Father's Name	Father's Birthplace Germany				
Mother's Maiden Name	Mother's Birthplace "				
Name of person giving Information	How related to deceased -				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Atherosclerosis		How long	1 week
Immediate	Paroxysms		How long	"
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Eduardus M. S.		
	Address	1147 Chesapeake St.		
Accident or Suicide?				

Mount Carmel Gem

May 1st 1903

H Nicolaus & Son

1820 Canton Ave

Peter Souble

Died at	Town Dover	County Baltimore	MARYLAND		
Date 19	Month 03	Day 4 13	Y. 67.	M. D.	Native of
	Male <input checked="" type="checkbox"/>	White <input type="checkbox"/>	Married <input type="checkbox"/>	Widow <input type="checkbox"/>	Occupation Laborer
	Female <input type="checkbox"/>	Colored <input type="checkbox"/>	Single <input type="checkbox"/>	Widower <input type="checkbox"/>	Divorced Number of children living 2

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Heart disease

179

How long sick

suddenly

Accident, Suicide, Homicide

Reported by

Jos St. Wilson

Address

Finksburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Kunigunda Schmidt-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Canton		Town	County Baltimore	
Date of death 1903	Month Apr.	Day 24 th	Years 1	Months 10 Days -
Sex Female	Color or Race white	Birth-place Maryland		
Married, Single or Widowed	singer	Occupation housewife		
Name of Wife or Husband				
Father's Name	John Schmidt-		Father's Birthplace	Germany
Mother's Maiden Name	Margaret - Moegel		Mother's Birthplace	Germany
Name of person giving Information	John Schmidt-		How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Concussion following injury	How long
	Immediate	To head - from - fall down stairs	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C. A. Shley
		Address	2. Hudson St. S.E.
Accident or Suicide?		No	

Dormans France

Sacred Heart Cemetery

April 25th

Name
in
Full

John Schrenker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

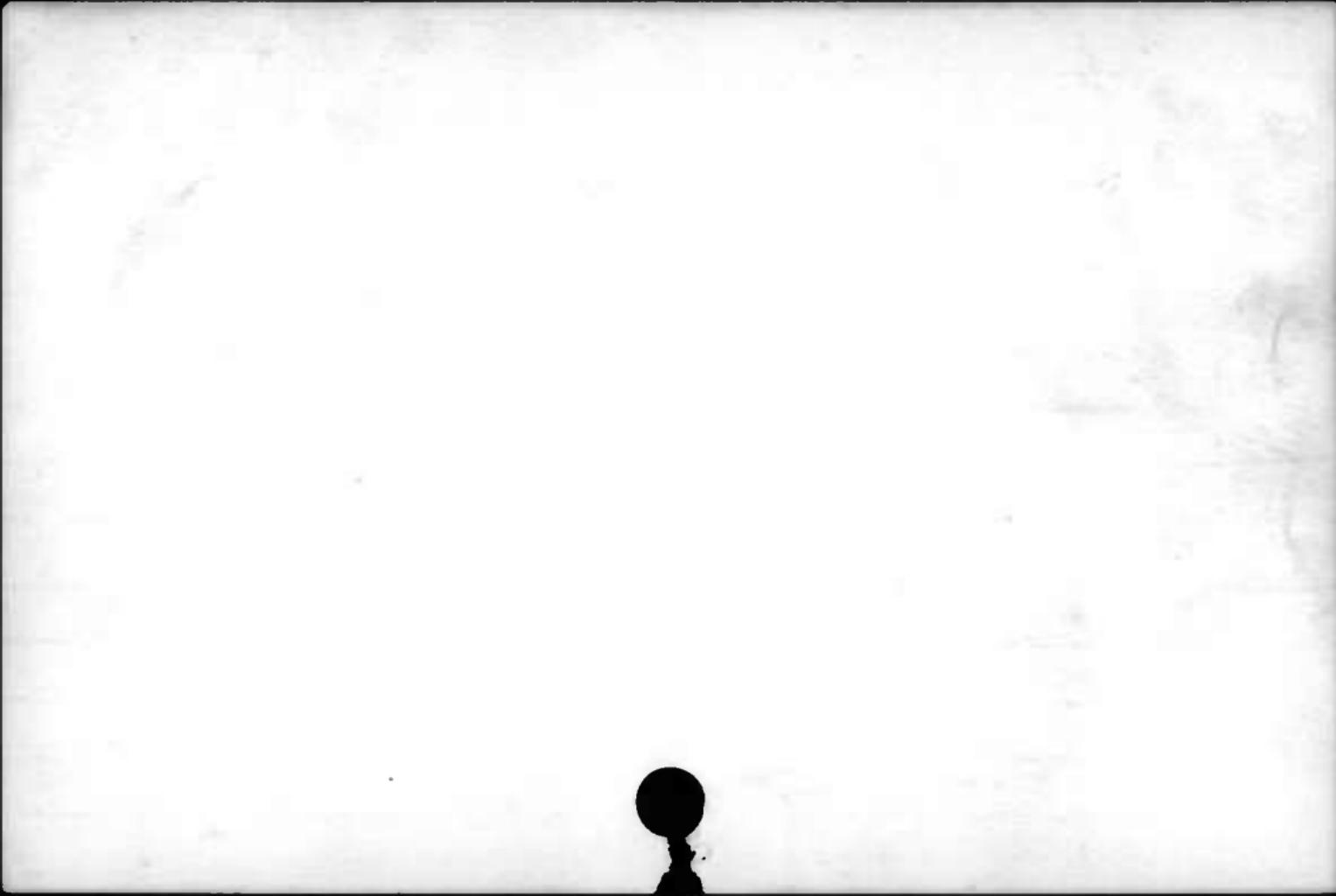
Died at	Town	County	MARYLAND		
Died at	Baltimore	Baltimore			
Date of death 1903	Month April	Day 7th	Year 1	Months	Days 25
Sex Male	Color or Race White	Birth-place Baltimore Co			
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	John Schrenker		Father's Birthplace	Baltimore Co.	
Mother's Maiden Name	Agnes Schrenker		Mother's Birthplace	Baltimore city	
Name of person giving information	John Schrenker		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Anemia & Dentition, complicated with Ecchymatosus Ulcerations		How long	About 3 months
Immediate	Anemia		How long	About ten days
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	A. A. Cleveland, M.D.	
		Address	1741 Hayford Ave., Balti,	

Accident or Suicide?



Name
in
Full

Elizabeth Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

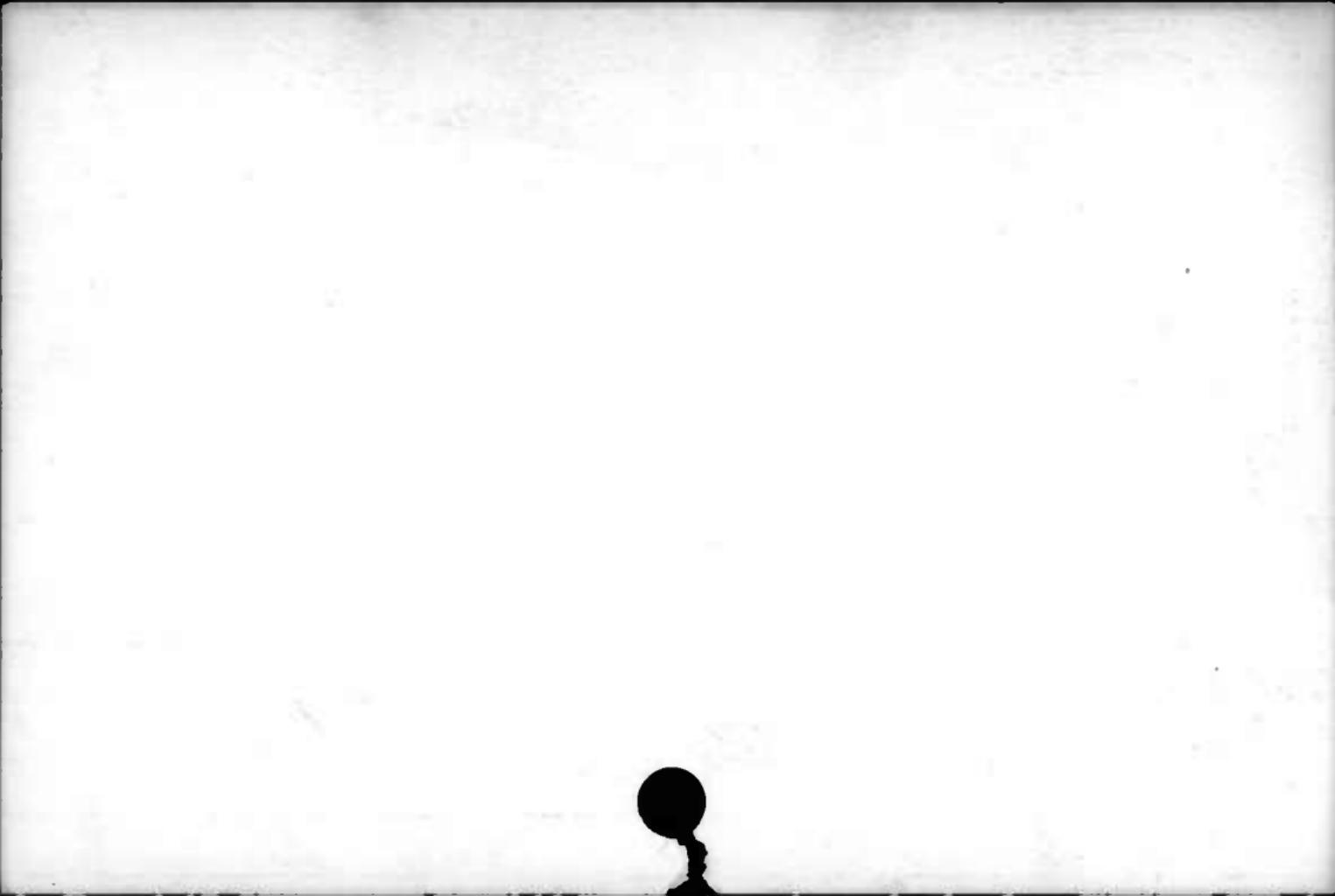
Town Died at Park Heights Ave.	County Balto.				
Date of death 1903	Month 4	Day 20th	Years	Months	Days
Sex Female	Color or Race	White	Age	Birth- place	Brooklyn N.Y.
Married, Single or Widowed Single	Occupation				
Name of Wife or Husband					
Father's Name Mrs. C Scott.	Father's Birthplace				
Mother's Maiden Name Edith E Baker	Mother's Birthplace				
Name of person giving Information W. G. Baker	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary malnutrition	How long since birth
Immediate ..	How long ..
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. D. Bookley
filed 1903	Address 238 W. Monument St.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Infant Smith

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death 1903	Month April	Day 14	Years	Months	Days	14	
Sex Female	Color or Race Coloured	Birth-place Baltimore Co Md					
Married, Single or Widowed Single	Occupation						
Name of Wife or Husband							
Father's Name Joseph Smith	Father's Birthplace Baltimore Co Md						
Mother's Maiden Name Annie Diggs	Mother's Birthplace Baltimore Co Md						
Name of person giving Information Charles H. Diggs	How related to deceased Step Brother						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate Congestion of Lungs

How long

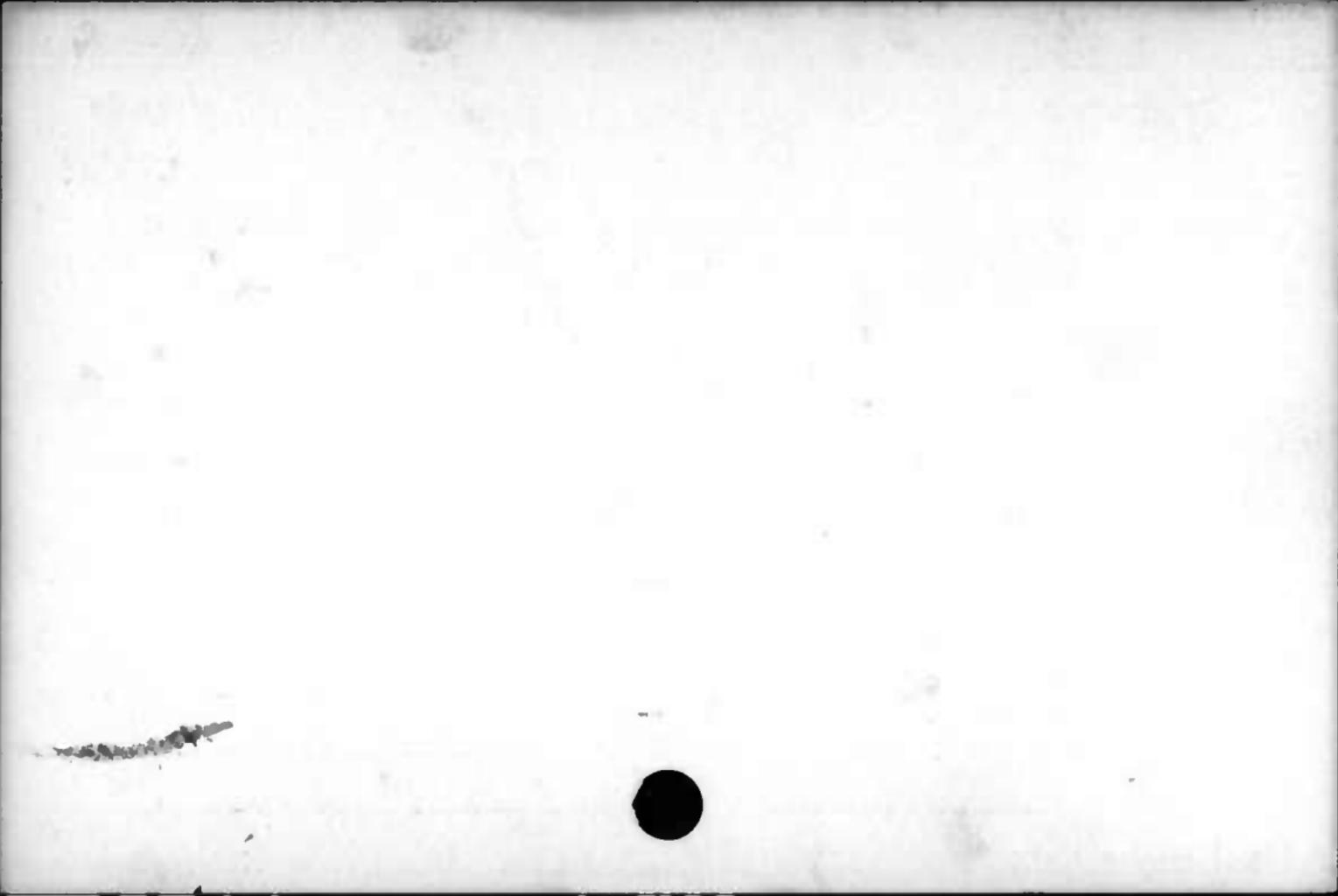
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician
H.S.

Address

James Gore W.D.
Reservoir

Accident or Suicide?



Name
in
Full

Martin Raymond Smith

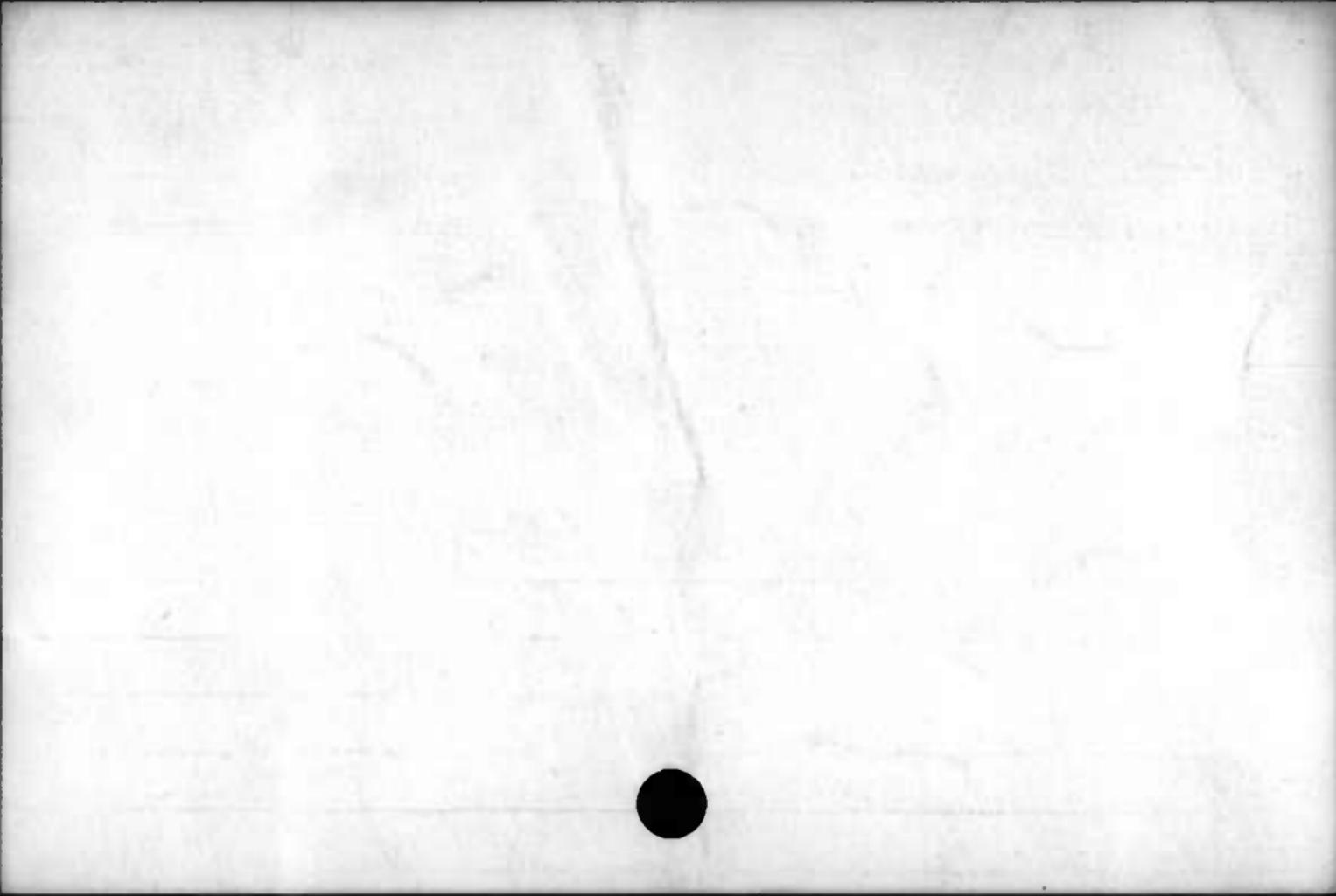
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Day 4th	Years 20	Months 3	Days 26
Sex Male	Color or Race White	Birth-place Baltimore			
Married, Single or Widowed Single	Occupation Clerk				
Name of Wife or Husband					
Father's Name	Lyman A. Smith		Father's Birthplace	Baltimore	
Mother's Maiden Name	Alma G. Doggett		Mother's Birthplace	"	
Name of person giving Information	A. G. Gaddis		How related to deceased	Friends	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pulmonary	Phthisis	How long	about one year
	Immediate	"	"	How long	" "
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	John Hood	
			Address	608 N. Albion St.	
Accident or Suicide?					



Ruben Sacks

Died at Highlandtown Town

County

Baltimore Co., MARYLAND

Date 1903 Month April Day 19

Y. 73 M. 10 D. -

Native of

Russia

Occupation

Carpenter

Male

White

Age 73 Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

7

Husband
of

Wife

Father's
Name

Manol Sacks.

Mother's
Name

Sarah Sacks.

Cause of

Primary

Chronic Bronchitis.

How long sick

9 days.

Death

Immediate

Heart failure

Accident, Suicide, Homicide

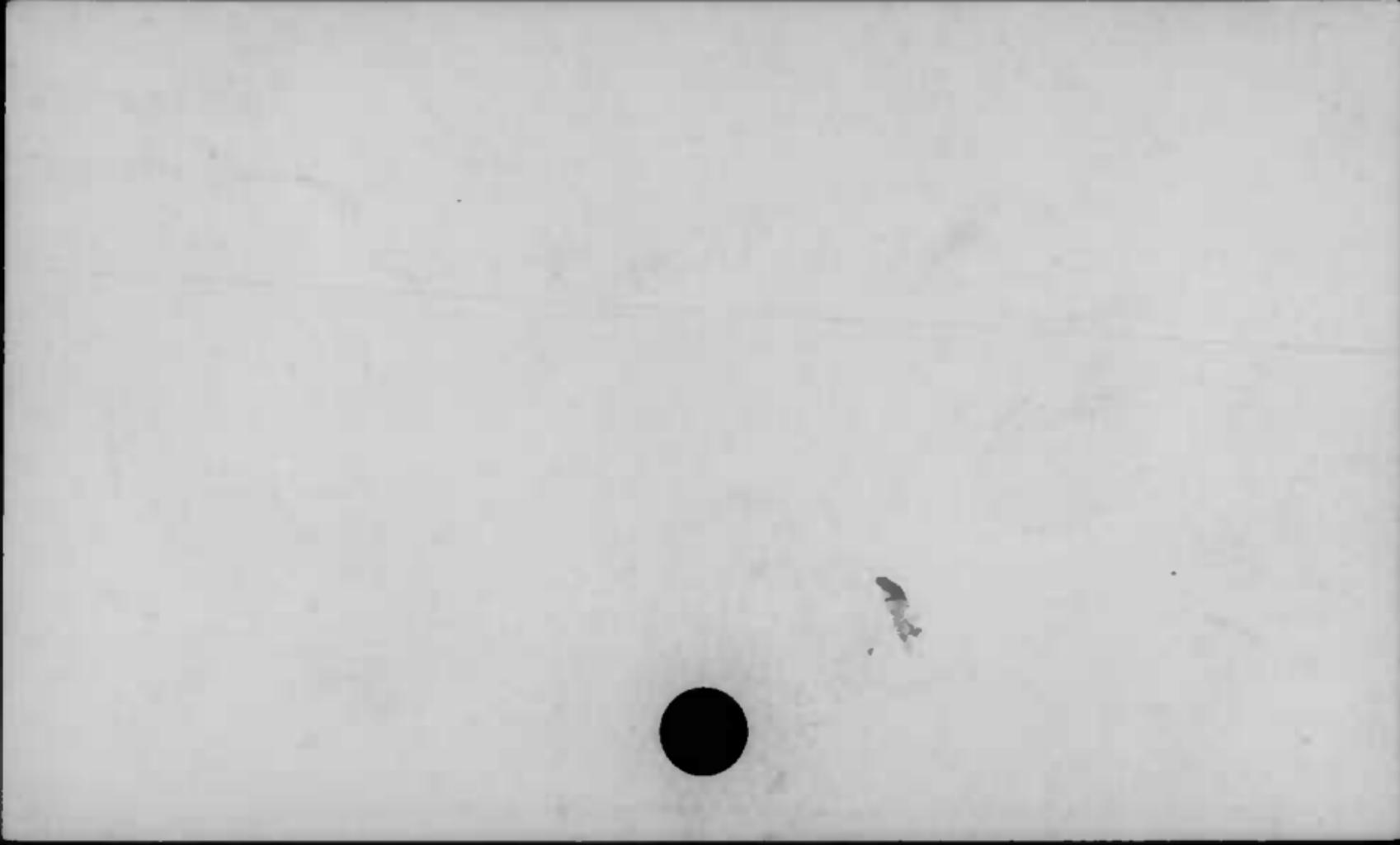
Reported by

John Girdwood MD

Address

1811 E. Balt St.

Baltimore Md



Name
in
Full

Charles E Standford 44

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Day 19	Years 82	Months 6	Days
Sex Male	Color or Race White	Occupation Cooper			
Married, Single or Widowed					
Name of Wife or Husband	Permelia Standford				
Father's Name	Doris Brown				
Mother's Maiden Name	Doris Brown				
Name of person giving information	Edward Standford				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Arteriosclerosis

How long

2 years

Immediate

Paralysis

66

How long

6 weeks

Are the name, age, sex, color, date and place correctly given above?

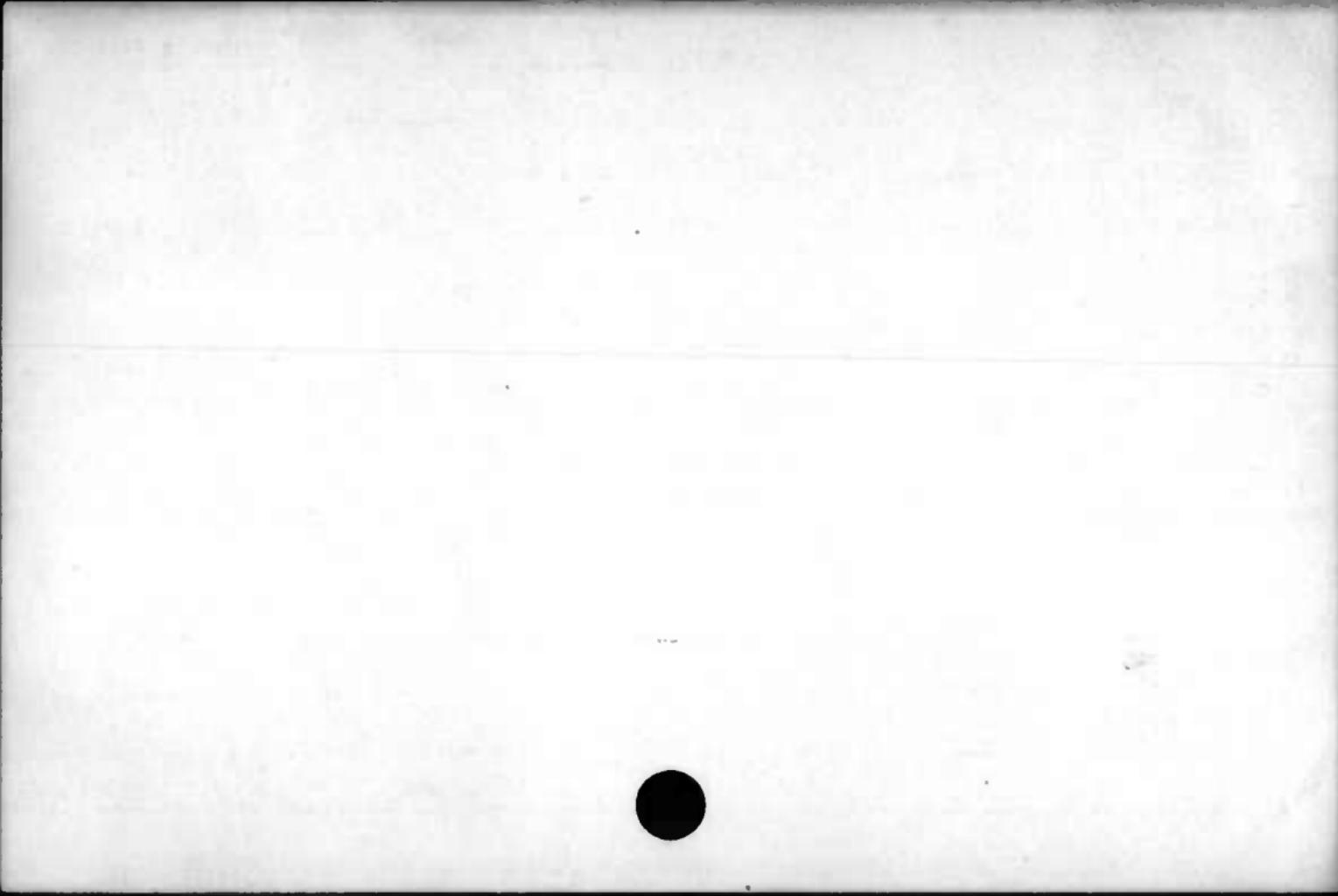
Signature of Physician

Address

EMMA Etwater

Upper Falls

Accident or Suicide?



Name in Full

Certificate of Death

Martha Harriet Thomason

Town

County

MARYLAND

Died at

Evergreen.

Baltimore

Month Day

Y. M. D.

Native of

Date 1903

April 26.

Age 26. 7 26

U.S.

Occupation

 Male

White

Married

Widow

Divorced

Female

 Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Tuberculosis

27

How long sick

4 months

Death

Immediate

Sclerosis

Accident, Suicide, Homicide

Reported by

R. H. Thomas M.D.

Address

1818 John St



Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Georgiana Willhelmina Thornton

CERTIFICATE OF DEATH

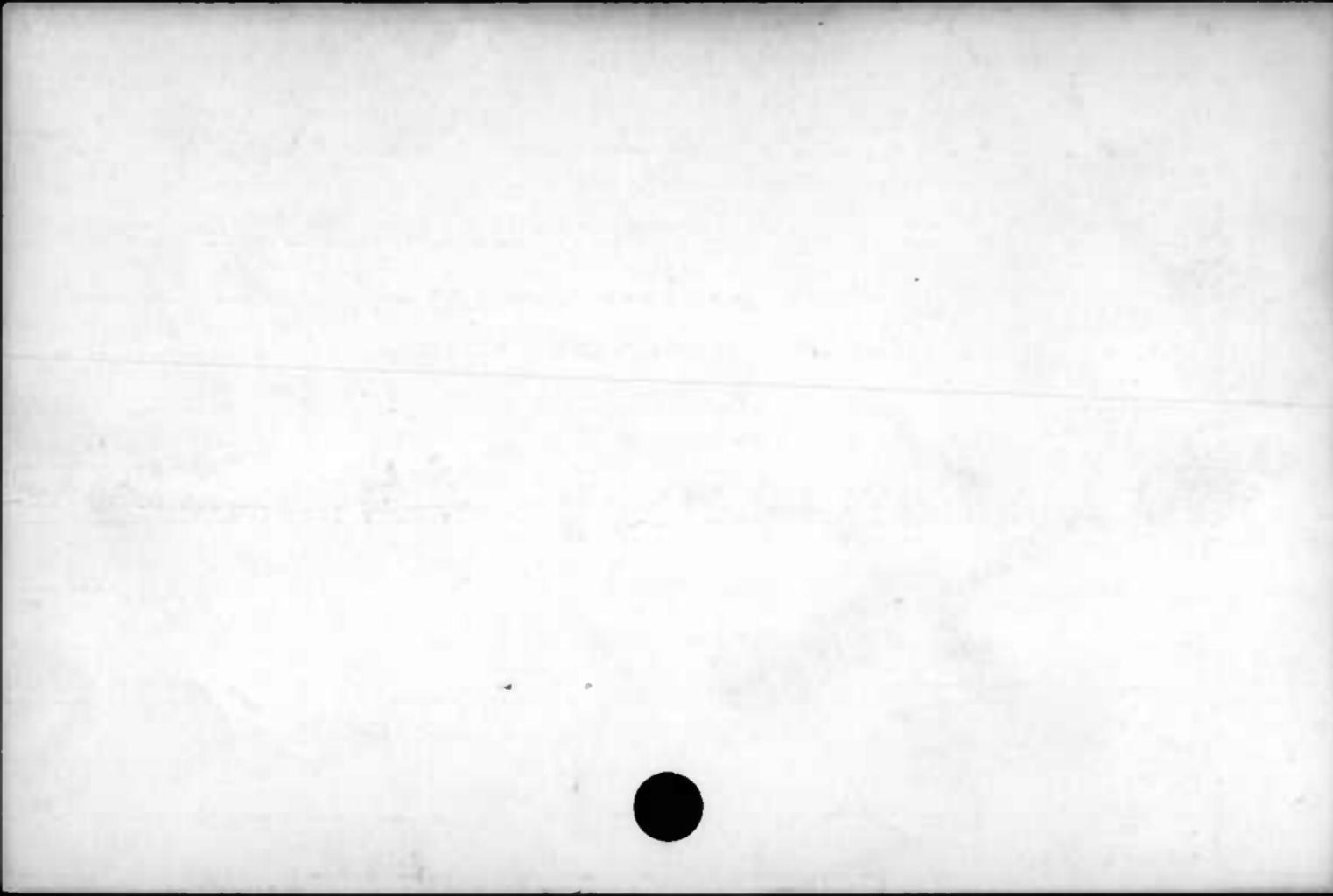
TO BE ANSWERED BY
NEAREST FRIEND

Died at "uplands" near Baltimore	Town	County	MARYLAND		
Date of death 1903	Month April	Day first	Years 58	Months 9	Days 6
Sex Female	Color or Race White	Occupation	Birth-place Phila Pa		
Married, Single or Widowed Married					
Name of Wife or Husband Benjamin L. Thornton	Father's Name William H. Noble	Father's Birthplace Loudon Co.			
Mother's Maiden Name Letitia Dickinson	Mother's Birthplace Phil do Pa Va				
Name of person giving information Benjamin L. Thornton	How related to deceased Husband				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Left Hemiplegia	How long	7 days
Immediate	Coma	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	J. M. Howell, M. D., F. A. C. P. Address Dickeyville, N. C.	
Yes			
Accident or Suicide?			



John Edward Trail

Died at Baltimore Town Baltimore County Maryland MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1903	4	- 6	Age 54	10	- 26	Md.	Laborer
Male	White	Married			Widow	Divorced	
Female	Colored	Single			Widower	Number of children living	

Husband of _____

Wife

Father's Name

Jn E. Trail

Mother's Maiden Name

Agnes Lonsdale

Cause of Death

Primary

Pneumonia

How long sick

Twos

Immediate

Toxemia from abdominal

Accident, Suicide, Homicide

Reported by

Address



J. E. B. et al. *Harrington* *MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Robert
Conrad

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name <i>Ida D. Uhler</i>				CERTIFICATE OF DEATH		
Died at <i>Reisterstown</i>		Town	County <i>Baldo</i>		MARYLAND	
Date of death 1903	Month <i>April</i>	Day <i>12</i>	Years <i>1</i>	Months <i>6</i>	Days <i>12</i>	
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Baldo co Md</i>				
Married, Single or Widowed <i>Single</i>	Occupation					
Name of Wife or Husband						
Father's Name <i>Hawton Uhler</i>				Father's Birthplace <i>Baldo co Md</i>		
Mother's Maiden Name <i>Emma Tallman</i>				Mother's Birthplace <i>Baldo co Md</i>		
Name of person giving Information <i>Hawton Uhler</i>						How related to deceased <i>Father</i>

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

Three weeks

Immediate

How long

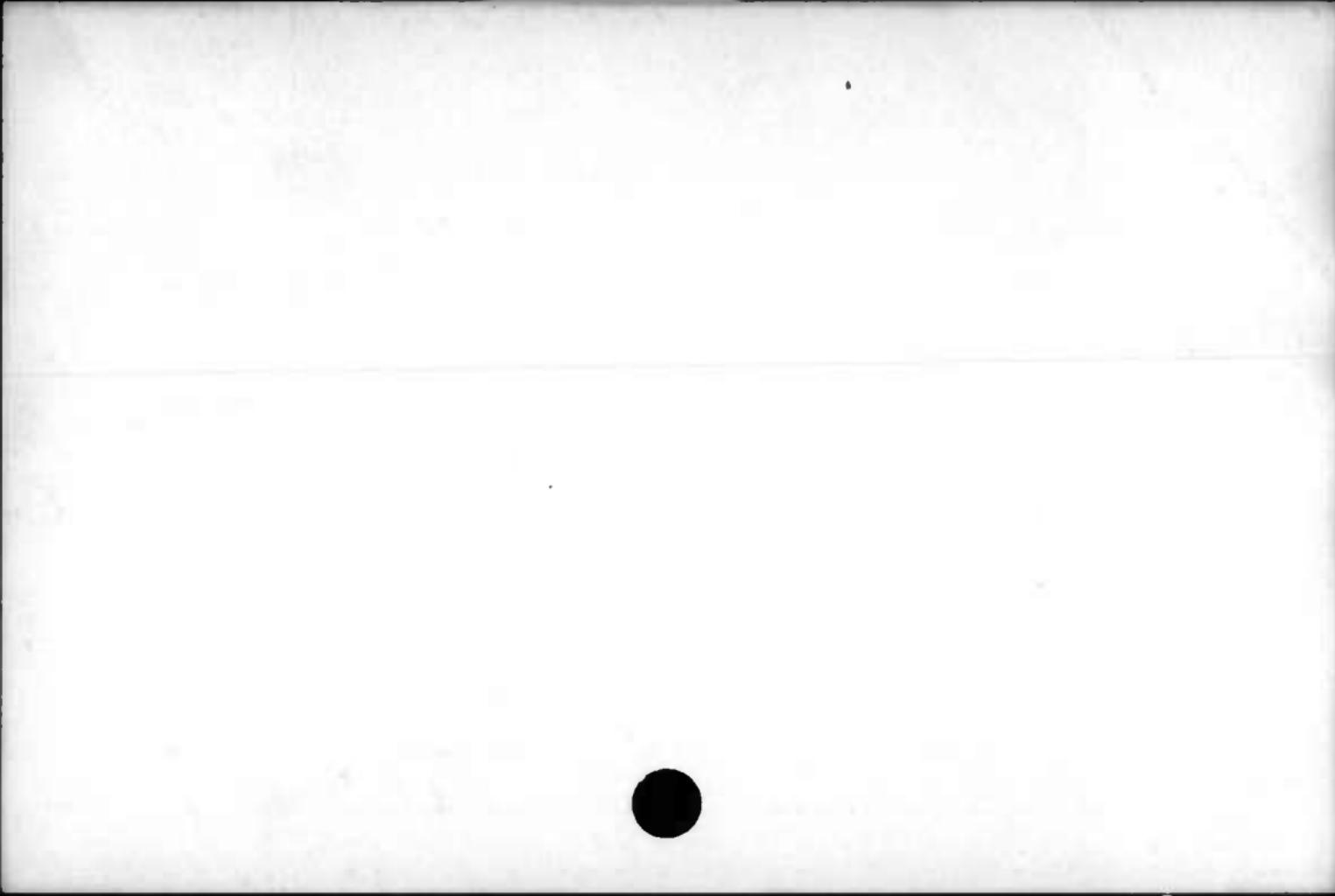
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

*Dr. S. Lada
Reisterstown Md.*

Accident or Suicide?



Name in Full

Certificate of Death

John Walle

Town

Trenton

County

Baltimore

MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Md

Occupation

Blacksmith

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband
of

Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

How long sick

3 Mo

Death

Immediate

Consumption

Accident, Suicide, Homicide

Reported by

J. H. Wilson M. D.

Address

Fowlersburg.

Md.

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Waller

Town

County

Woodensburg

Balt

Died at

MARYLAND

Month

Day

Y.

M.

D.

52-11-25

Native of

Md

Occupation

Farmer

Date 19 03

Male

Age

Married

Widow

Female

Caled

Single

Husband
of

Clara E. Waller

Wife

Mother's

Father's

Maiden Name

Name

Henry Waller

Cause of

Primary

How long sick

two years

Death

Immediate

Heart Disease

79

Accident, Suicide, Homicide

Reported by

Jas. H. Wilson M.D.

Address

Towblisburg Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Theodore J. Welch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Highlandtown	Baltimore			
Date of death 1903	Month Apr	Day 14 th	Years	Months	Days
Sex Male	Color or Race white	Age	Birthplace	Maryland	
Married, Single or Widowed	single	Occupation	None		
Name of Wife or Husband					
Father's Name	John Welch	Father's Birthplace	Maryland		
Mother's Maiden Name	J Maggie Lannelly	Mother's Birthplace	Maryland		
Name of person giving information	John Welch	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Meningitis

How long

6 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

C. N. Atthey M.D.
2 Hudson St.

Accident or Suicide?

Sacred Heart Cemetery

April 15th 1903

Germanus France

Under Takeer

Name in Full

Certificate of Death

Thomas Wheeler
Evergreen

MARYLAND

Died at

County

Balt Co.

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Female

Colored

Single

Widower

Divorced

Number of children living

Husband of

Mrs Thomas Wheeler

Wife

Father's

Name

wheeler } of course Mother's
wheeler } Maiden Name dont know

Cause of

Primary

Senility

How long sick

4 yrs

Death

Immediate

of heart

54

Accident, Suicide, Homicide

Reported by

Dr Harry C Aley Jr

Address

1012 - 5th ave

Balt City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Hill Marshall
3539 Falls Road
to Glyndon - Md
Apr 30-03 —

Over Chuck,

Name
in
Full

John R White

CERTIFICATE OF DEATH

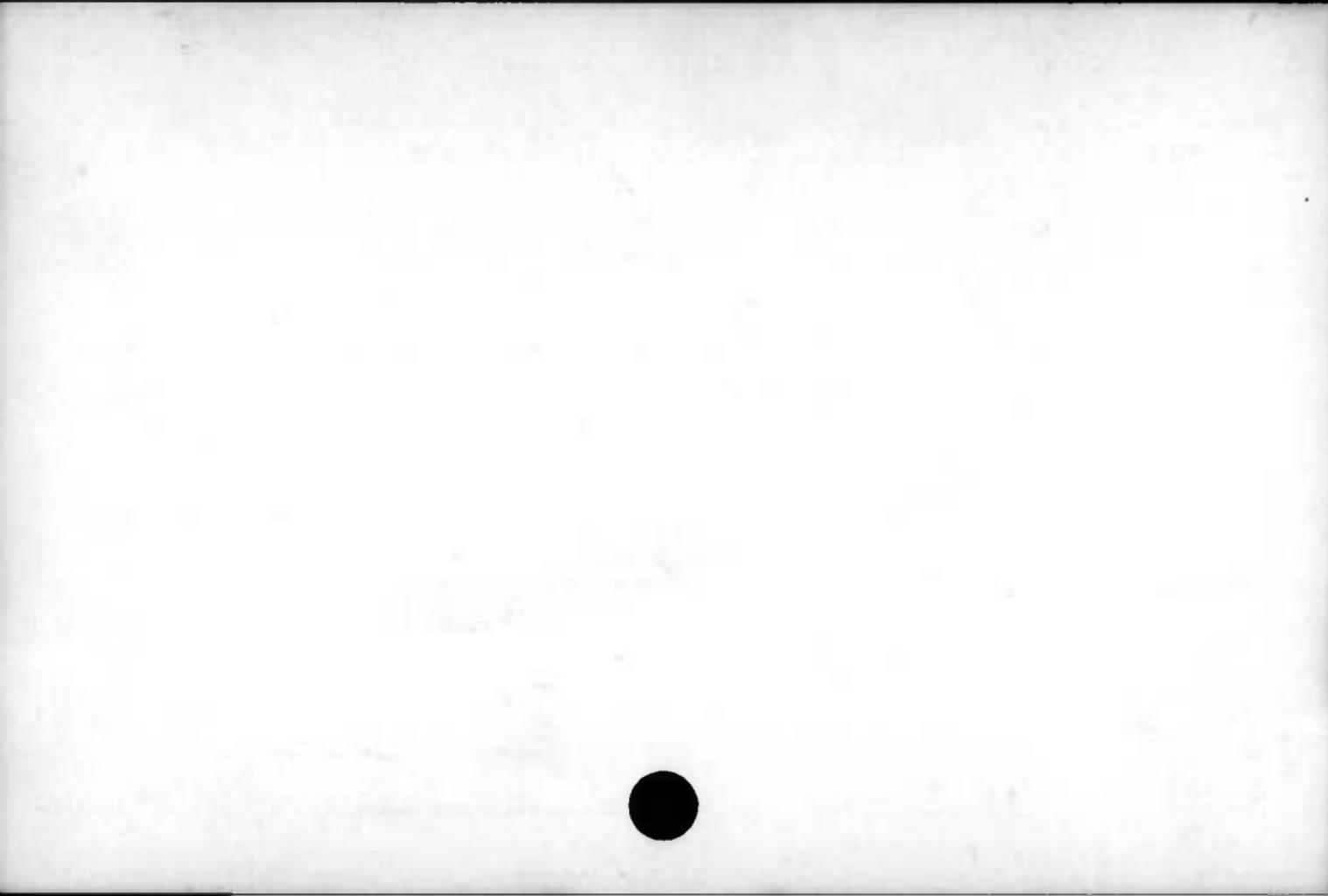
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			
Date of death 1903	Month Apr	Day 13	Years 55	Months	Days
Sex Male	Color or Race White	Occupation Machinist		Birth-place Ellicott City Md	
Married, Single or Widowed Married					
Name of Wife or Husband Alice					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased 166				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Struck by Locomotive		How long 35 min after
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature Physician J.P. John S. Ray	Address 606 Eastern Ave
Accident or Suicide?	Accident	Highlandtown Md	



Name
in
Full

Sarah Anna White

CERTIFICATE OF DEATH

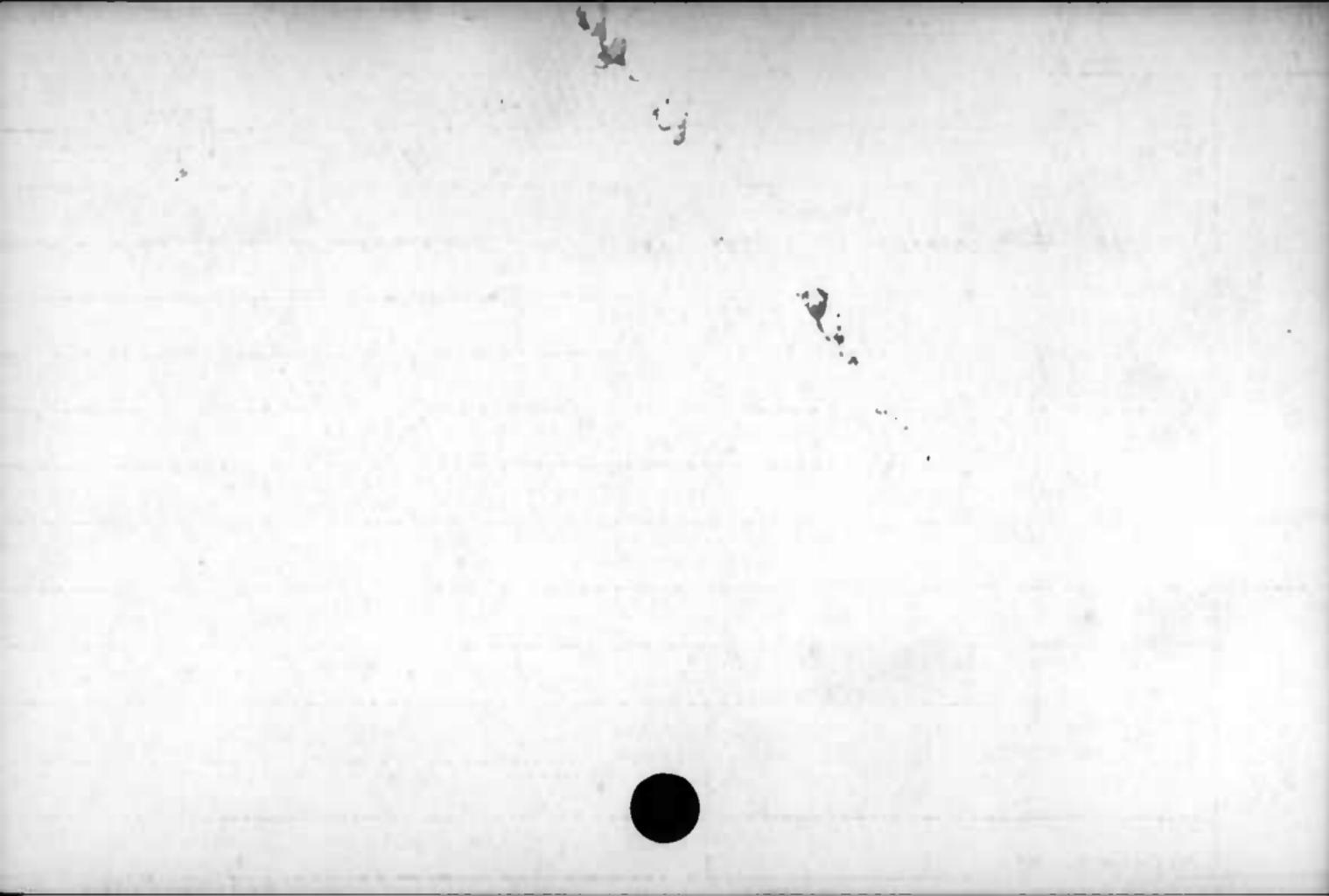
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore Co		Maryland	
Date of death 1903	Month April	Day 16	Years 48	Months	Days
Sex Female	Color or Race white	Birth-place Md			
Married, Single or Widowed Married	Occupation Housewife				
Name of Husband Geo. W. Bottenville					
Father's Name Rachel W. White		Father's Birthplace Md			
Mother's Maiden Name Margaret Becker		Mother's Birthplace Md			
Name of person giving information Geo. W. Bottenville		How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cause of Death Cancer of Uterus		How long One year
Immediate	Gastritis		How long X
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Prof. H. B. Rogers	
		Address Baltimore City Md	
Accident or Suicide? <input type="checkbox"/>			



Name
in
Full

Henry Wilk
Died at Staguer Radium

CERTIFICATE OF DEATH

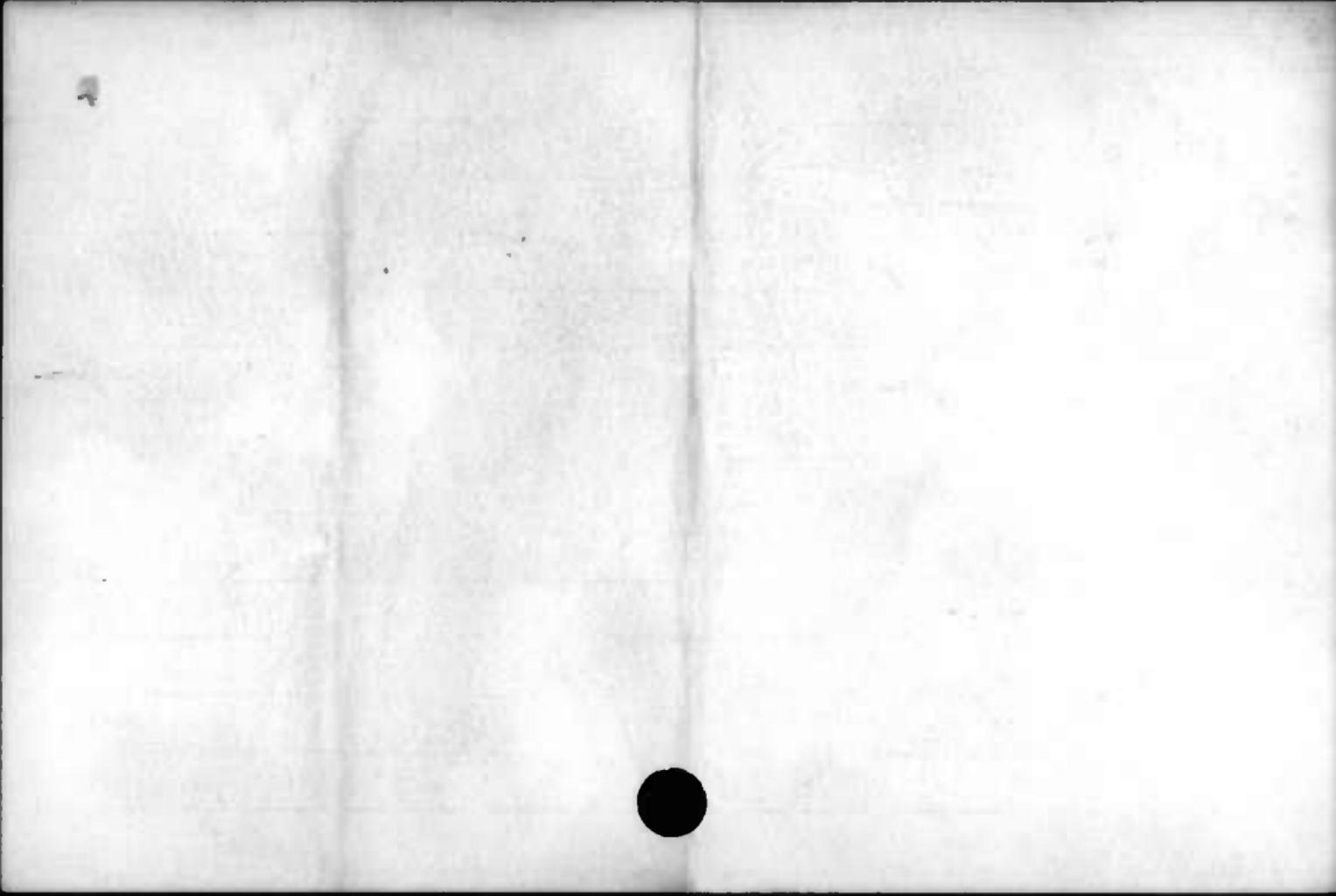
MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County				
Date of death 1903	Month April	Day 21	Age 72	Years	Months	Days
Sex Male	Color or Race White	Occupation	Birthplace Germany			
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	50					Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information						How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Alcoholic Mania		How long
	Immediate	Exhaustion		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	G. T. W. L.
		Address	1000 N. E. 2nd Street	
Accident? Suicide?				



Name
in
Full

Mrs N. S. Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month 4	Day 12	Age 83	Years	Months	Days
Sex Female	Color or Race white	Birth-place Md.				
Married, Single or Widowed Widow	Occupation Housewife					
Name of Wife or Husband N. S. Wright				Father's Birthplace	—	
Father's Name —				Mother's Birthplace	—	
Mother's Maiden Name —				How related to deceased	daughter	
Name of person giving Information Mrs Elizabeth Scarboro						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Disease	How long
Immediate	Cardiac Paralysis	How long
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician

Henry A. Naylor
Pittsboro
Maryland

Address

31

